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ORIGINAL LECTURES.

ON SUBINVOLUTION OF THE UTERUS.

A Clinical Lecture, delivered at the Cooper Medical College, San Francisco.

BY CLINTON CUSHING, M.D.,
PROFESSOR OF GYNECOLOGY.

GENTLEMEN: The patient before us this morning is of interest to you, not so much because she is suffering from any unusual or novel affection, but on the contrary, for her troubles are among the most common that you will meet in the treatment of the diseases peculiar to women, and it is because they are so common, and that we have several distinct affections combined in this case that she has been brought in here for our consideration.

I will now ask her a few questions, in order that you shall get her history fairly before you.

"How old are you, madam?"

"Thirty-five, sir."

"How many children have you had?"

"Seven."

"Have you had any miscarriages?"

"No, sir."

"Is your monthly sickness regular?"

"No, sir; it comes on sometimes once in six weeks, and sometimes once in three months, and I lose but little blood."

"Do you have any leucorrhœa or pain?"

"Yes; I have a hot feeling, and pain in the top of my head most of the time, and a good deal of pain under my left breast, and constant backache between my hips, and I have the whites all the time, and I cannot walk or stand upon my feet long without pain."

"How long have you been suffering from your present troubles?"

"Since the birth of my sixth child, six years ago."

The further history of the case shows that she is suffering from obstinate constipation, that her digestion is impaired, and that she sleeps badly at night. So far as can be learned, she has not had pelvic peritonitis or cellulitis. Upon examining her, we find that the uterus is enlarged, the cavity measuring three and one-half inches in depth; the uterus is retroverted, the fundus lying upon the rectum, and the cervix pointing towards the ostium vagina.

There is a bilateral laceration of the cervix, the posterior lip is rolled out, much thickened, and enlarged, covered by profuse granulations, and studded over with small cysts, the whole bathed in a profuse muco-purulent discharge.

In addition, we find that when she is in the semi-prone position, and with two fingers in the vagina, we try to push the fundus up from its unnatural place, that the body of the uterus and the utero-sacral ligaments are quite tender to the touch, preventing the reposition of the displaced organ without causing marked distress.

You will please notice that she is pale and anæmic, and has the expression of one who has undergone much suffering, both bodily and mental; for, in cases of this kind, it is not alone mere physical pain that we have to deal with, but a condition of the mind and nervous system that has become morbid, and that frequently gives us more trouble to relieve than the purely local affection.

The diagnosis here then is, first, subinvolution of the uterus following confinement, with retroversion, bilateral laceration of the cervix with eversion of the posterior lip, with cystic disease of its mucous membrane, and the whole everted portion covered with granulations that bleed easily when touched with the sound, and secrete a glairy fluid that soon becomes yellow.

Now what is the pathology here, and what are the causes that have led to this unfortunate condition?

The beginning of her troubles dates, as she tells us, from the birth of her sixth child, since which time she has steadily grown worse.

From the history of the case, and from what we now find, there doubtless followed her confinement a failure of that complete metamorphosis of the tissues of the puerperal uterus which we know as involution. In other words, this great mass of uterine tissue which should have undergone fatty degeneration and become absorbed and carried away by the bloodvessels and lymphatics, has only partially undergone this change; this wonderful transformation has been in some way checked before its full completion, and the uterus is left much larger and heavier than it should be, and has now passed into a chronic state of subinvolution. The causes that lead to this state are both general and local.

Among the general causes, and it is probably the principal cause in this case, is the rapid bearing of children by a woman who does not possess a great amount of physical strength, and whose health has been somewhat broken down thereby. The recuperative powers are not equal to the task, and all the processes of the body move slowly. It only needs some untoward circumstance to make involution following confinement or abortion impossible.

Indeed, debility from any cause would tend to favor subinvolution.

As to the local exciting causes of subinvolution I would say that anything that tends to keep up a congestion or irritation of the pelvic organs would act as such a cause. In this case we have a dislocation of the uterus backward, this condition interfering more or less with the circulation of the organ itself, as well as with the circulation of the adjacent tissues. Next we have obstinate constipation, which is frequently a marked exciting cause. As you know, the veins about the uterus are not supplied with valves, and you can easily understand how a descending colon and rectum, distended and overloaded with fecal matter, and pressing on the surrounding structures, would tend to keep up a passive congestion of the veins of the pelvis.

Doubtless, too, in chronic constipation the circulation through the liver is usually torpid, and the movement of the blood in the portal vein being retarded, the return circulation from the lower portion of the body is interfered with, and we thus have another cause added to the ones already mentioned, which tend to keep up the congestion of the pelvic tissues.

In the lacerated cervix we have a condition that, by reason of its continued irritation, causes a determination of blood to the part, and results, in a considerable proportion of cases, in causing enlargement and hyperæsthesia of the cervix, and may properly be classed under the head of local exciting causes of subinvolution.

One of the most common causes of the failure of

the uterus to return to its normal size after delivery, is that women get upon their feet too soon after confinement. If a woman is strong and vigorous, and there have been no accidents or complications attending or following her delivery, she may be able get upon her feet within a few days after the birth of her child, with no apparent bad result. But if she be delicate, as too many of our native-born Americans are, with their overwrought nervous systems, impaired digestions, and feeble muscles, the erect position, if assumed by the patient too soon after delivery, while the uterus is still large and heavy, and the vagina, the uterine ligaments, and all the pelvic tissues are relaxed, there is danger of displacement of the uterus, local congestions and inflammations due to exposure to cold, and, as a consequence, an interference with the return of the uterus to its original size.

If it is possible to do so, I know of no better investment of time and money than for a woman who is raising a family, to devote at least a month following her delivery to rest and quiet, and as free from excitement of any kind as may be. Unless she is confined to her bed by poor health, it is the only opportunity the mother of a family has to remain quiet long enough to get really rested, and I would advise you to inculcate, in the most thorough manner, the minds of your puerperal patients with the idea that a full month must be given up to rest and recuperation after delivery, and that a portion of each day after getting out of bed must be spent upon a lounge or couch for several weeks. Of so much consequence do I consider this advice, that I would again urge you to use all your eloquence to show your patients the advantages to be derived from a month's bodily and mental rest following confinement. How long the uterus has been retroverted, and what the cause, we are unable to determine.

It may have antedated the subinvolution, or even her first pregnancy, for the displacement does not necessarily cause sterility; but in this case, from the fact that she was well up to six years ago, it is probable that the displacement followed her confinement at that time, either as a consequence of getting up too soon, or of subinvolution, or of both.

The laceration of the cervix probably occurred at the same delivery, and was apparently caused by the rapid expulsion of the child through the cervix, and it remains unhealed to this day, owing to bad management during the first two weeks following confinement; viz., getting up too soon, and not keeping the parts clean by vaginal injections.

The probabilities are, that more or less laceration occurs in the larger proportion of all cases when the head or shoulders pass through the dilated cervix; and they are more likely to be extensive when cervical disease has previously existed, such as cystic disease of the mucous membrane, or cervical catarrh. These injuries however, unless very extensive, usually heal within the first ten days after delivery, and you can easily understand that such healing process is promoted by rest in bed, and the use of vaginal injections daily of warm water, to which have been added a few drops of carbolic acid.

When, owing to the extent of the injury, or the presence of untoward circumstances, the fissure does not heal, nor have—as in the case of the patient before you—a thickening of all the tissues of the cervix, an eversion of the mucous membrane that lines the cervical canal, and an erosion of more or less of the mucous membrane that covers the vaginal portion of the cervix; this erosion being produced by the profuse and irritating discharge from the everted cervical mucous membrane that is chafed and fretted against the walls of the vagina with each movement of the body.

The openings of some of the mucous follicles become closed by inflammation, and we have studded over the everted mucous membrane, small cysts the size of a split pea, containing a glairy fluid, which consists of the retained mucus. To the examining finger, they feel like shot beneath the mucous membrane, and are simply retention-cysts.

The prognosis here for the cure of the cystic disease, and of the laceration of the cervix is good; but the cure of the displacement of the uterus, and the enlargement of the body, is somewhat uncertain, and will depend principally upon our ability to return the uterus to its normal position, and to retain it there by some method that will not cause pain or irritation.

We will begin the treatment of this case by prescribing for her fl. ext. cascara sagrada, ℥j, fl. ext. nux vomica, and fl. ext. hyoscyamus, āā ℥j, of which mixture she will take a small teaspoonful every night at bedtime, until her bowels are regular.

We will order her to take fifteen drops of the fl. ext. ergot three times a day between her meals, for its effect upon the tissues of the uterus, and upon the bloodvessels of the pelvis. After the introduction of a Sims' speculum, the anterior lips of the cervix will be seized by a delicate vulsellum and steadied, and the cysts in the cervix freely punctured with a bistoury, and after the bleeding has stopped, we will paint the erosion and the site of the cysts with the comp. tinct. iodine.

The Simpson uterine sound will then be introduced into the uterus with the concavity backward, and slowly and gently rotated so as to bring its concavity forward, and thus place the uterus in a condition of anterversion. The post-cervical cul-de-sac will then be filled with pledgets of absorbent cotton like the one I show you, each with a strong thread attached for removal; and afterwards several larger pieces of cotton placed in the upper part of the vagina, in front of, and below the cervix. The object of the cotton tampon applied in this way, is to furnish a soft padding that will, in a measure, keep the tender uterus in its normal position for a time, enable the patient to stand upon her feet with more comfort, and to learn how the uterus will bear the pressure of an artificial support. This dressing will be removed in thirty-six hours; a large vaginal injection of hot water used night and morning, until she returns here in three days to have the uterus replaced and the dressing repeated.

As soon as the tenderness subsides, and the uterus is somewhat reduced in size under the influence of the hot water and the ergot, we will introduce a retroversion vaginal pessary to keep the uterus permanently in place. The laceration of the cervix will then be repaired, which will still further assist in reducing the size of the uterus; and if we can then induce her to go into the country for a few weeks or months, away from the cares and responsibilities of her family, we may expect permanent good results from our treatment.

ORIGINAL ARTICLES.

ON SOME COMPOUND ARTICULAR FRACTURES.

BY LEWIS A. STIMSON, M.D.,

PROFESSOR OF PHYSIOLOGY AND CLINICAL SURGERY IN THE UNIVERSITY OF THE CITY OF NEW YORK; ATTENDING SURGEON TO THE BELLEVUE AND PRESBYTERIAN HOSPITALS, NEW YORK.

(*Read before the New York Surgical Society, May 8, 1883.*)

THE surgery of the joints has already received, in the discussions of this Society, an attention to which the importance and variety of the lesions with which it deals, the permanent disabilities which these lesions so frequently cause, and the difficulties and embarrassments encountered in their

treatment fully entitle it. Among the more important traumatic lesions, compound fractures hold a prominent place. Equally with other injuries, they have shared in the benefits conferred by the recent great improvements in the treatment of wounds, and, so far as the severer forms are concerned, the rules of treatment have been drawn with sufficient distinctness. You will all, doubtless, remember cases that have been presented here in which formal primary excision of a joint that has been extensively mutilated in all its parts has not only saved the limb, but has also given the patient a new and useful joint. My wish is to ask your attention this evening, not to these extensive injuries, in which the question lies between excision and amputation, but to those lesser ones in which, the injury to the bone and soft parts being comparatively slight, the main feature is the implication of the joint, and the therapeutic problem is how best to avoid dangerous suppuration within it—cases in which the surgeon asks himself whether he is justified in striving for preservation of form and function, in seeking to convert the fracture into a simple one, in depending upon drainage and antiseptics to prevent suppuration, or whether he should not rather seek in partial or complete excision an inferior result, but one obtained with less risk to the patient.

The cases which I have now to relate are those of this class which have come under my care during the past year: they are three in number—one each of the elbow, knee, and ankle.

CASE I.—W. J. K., twenty-eight years old, fell to the ground, April 4, 1882, from the seat of a truck which he was driving, struck upon the palm of his right hand, and injured his elbow. He went at once to a small hospital, where, he says, the limb was handled for some time, causing him much pain, and he was then advised by the examiners to seek relief elsewhere. He came to the Presbyterian Hospital, where I saw him five hours after the accident, and recognized a dislocation backward at the elbow of both bones of the forearm. Ether was administered at his request, and the dislocation reduced easily. The skin was unbroken.

On further exploration, I found a movable, hard body, about half an inch long, lying under the skin on the outer side of the joint between the head of the radius and the olecranon, which, as the outlines of the olecranon, external condyle, and the accessible portion of the head of the radius were normal, I judged to be the inner portion of the head of the radius broken off when the bone was forced backward past the condyle. Believing that if left in place, or even if restored to its proper place, if that were possible, it would interfere very seriously with the subsequent mobility of the joint, I removed it at once by cutting straight down upon it. The joint was then washed out with a watery solution of carbolic acid, 1 in 40, a short drainage-tube inserted, the wound closed about it with two sutures, and a gauze dressing applied.

The fragment, which I now show, is a portion of the head of the radius, triangular in shape, comprising about one-third of the articular surface; it is 17 mm. long, 12 mm. wide, and 8 mm. thick, the latter measurement being in the direction of the longitudinal axis of the bone.

The patient's temperature, which reached 102° the first evening, sank steadily to 98½° on the morning of the eighth day. The dressing was not changed until the third day, when the tube was removed, and again on the eighth day, when the wound was found almost dry, and when I moved the joint through an arc of about 70°, rotated the wrist without causing pain, and reapplied the dressing. The patient left his bed shortly afterward, without permission, and walked about for two hours; in the evening, the joint became painful; the temperature rose to 100¾°, and the next morning to 103°, when I removed the dressing, and found no discharge; but the outer side of the joint was tender on pressure, red, and swollen. Reapplied dressing; posterior splint; ice-bag. Two days later (eleventh day), the wound discharged about two drachms of pus on pressure, and during the following week discharged freely on pressure over the outer side of the elbow. On the nineteenth day, I made a counter-opening on the outer side of the arm, about three inches above the wound, and, on the twenty-fourth day, opened a large subcutaneous abscess, on the inner side of the elbow, which communicated with the other, apparently by a track passing around posteriorly above the elbow. The flow of pus then diminished rapidly, and the openings closed within a month.

As the joint was only slightly movable, I forced it, under ether, on June 8, getting motion through a range of about 60°. When I last saw the patient, a week or two later, the greater part of this gain had been lost; the joint was free from pain, and the patient resumed work as a driver, promising to report from time to time. I have heard nothing from him since.

[*May 23.*—I met this man to-day. Flexion and extension at the elbow are almost complete; but rotation of the forearm is entirely lost. The arm is strong and serviceable.]

CASE II.—Edward C., twenty-two years old, was admitted to the Presbyterian Hospital, February 4, 1883, with a compound fracture of the left patella, caused the same day by a fall from a pillar of the elevated railway, which he was attempting to climb while intoxicated. The bone was broken transversely a little below its centre, without comminution and the fracture communicated largely with a clean-cut, transverse wound one and one-quarter inch long, lying directly in front of it; the edges of the wound and the surrounding parts showed no signs of having been bruised. The trousers showed a corresponding transverse cut at the knee. There was also a fracture of the left inferior maxilla, and a long vertical wound of the left cheek. The knee was dressed with carbolized gauze, and the limb placed on a single inclined plane.

The next day, when I first saw the case, I found the wound and the interval between the fragments occupied by a clot; removed it, enlarged the wound for half an inch on the inner side, washed out the joint thoroughly with a 1–20 carbolic solu-

tion, passed a drainage-tube into the joint on each side through an opening made at about the centre of the lateral aspect, brought the fragments together with a silver-wire suture, the loop of which included all the soft parts except the skin in front, but not the articular cartilage, brought the ends out through the incision, closed the wound with sutures, and applied a gauze dressing covered with cotton, bound on firmly. Posterior straight splint.

The dressing was changed the next day, because of pain, and not again until three days later, when pus was found to have formed under the skin on the outer side, rendering necessary a counter-opening three inches above the one made for the drainage-tube on that side. The patient's general condition was satisfactory; temperature 99¼°.

Three days later (February 12th) the drainage-tube was removed, and a fresh one inserted on the inner side under the skin alone, to drain a small cavity which had formed around and above the first tube. During the following week the dressing was changed every second or third day, and the patient seemed to be doing well, but his temperature rose every afternoon to 101°, and on the 21st of February he complained of pain on pressure in the lower third of the thigh, which was swollen and rather tense. There was apparently no liquid in the joint, and the openings yielded only a small amount of thick, creamy pus on pressure.

February 24.—I opened a large collection of pus which lay on the outer side of the lower portion of the thigh under the vastus externus, and which communicated imperfectly with the opening made for the drainage-tube on that side, and also with the outer angle of the wound. The incision made on this occasion was about six inches above the condyle; drainage-tube. After this the temperature sank to the normal level, the thigh shrunk to nearly its natural size, and the amount of pus diminished steadily.

March 12.—It is noted that the case had progressed satisfactorily during the preceding fortnight. The abscess on the outer side of the thigh had shrunk to the track of the tube, the last portion of which was removed that day; the pouch on the inner side had a capacity of about one ounce; the transverse wound in front of the patella was flat and partly cicatrized. The wire uniting the fragments was cut and removed on that day. The patella was movable laterally, and the knee could be flexed slightly without pain.

30th.—The dressing, which had been in place eleven days, was changed. All the openings, except the first two made for the drainage-tube, were closed, and the anterior wound had nearly cicatrized. The fragments of the patella were united, apparently, by a fibrous band about one-quarter of an inch long, and were movable upon each other.

The patient was discharged from the hospital April 2d, with instructions to wear a posterior splint, and report in a fortnight.

April 14.—Everything was found healed except the tube-opening on the outer side. Patient walks without crutch, and can flex the knee 10° without pain. Independent mobility of the fragments cannot be recognized.

On the 30th of April I removed a small fragment of the patella that was found under the skin, just above the opening of the drainage-tube on the outer side, and which had kept up suppuration at that point. The patella is freely movable laterally, and the mobility of the joint is increasing. [The patient was shown to the Society May 8.]

CASE III.—Thomas S., forty-seven years old, was admitted to the Presbyterian Hospital, February 17, 1883, with a compound fracture at the left ankle, caused by a fall while walking in the street half an hour before admission. Intoxicated.

The left fibula was broken at a point about three inches above the tip of its malleolus; the internal malleolus was broken off at its base, and this fracture communicated with a transverse wound of the skin, directly over it, through which blood was flowing quite freely. A small piece of bone which lay in the wound was removed. The surface of the limb was washed with the carbolic solution, but the wound was not injected. A gauze dressing was applied, with side splints outside.

The next day, the dressing, which was saturated with blood, was changed. The patient was very tremulous, with slight hallucinations. On the third day, the dressings were again changed; the position of the foot corrected; a posterior and an external lateral splint of plaster of Paris applied next the skin, and a new dressing placed over all. This dressing remained in place until February 26, the tenth day, when the discharge came through. During the first seven days, the temperature did not rise above 99°; on the eighth day, it rose to 99½°, and on the tenth, to 100°. The alcoholic symptoms had disappeared by the end of the first week.

March 5.—The wound was found to be reduced to a small, flat sore, and a small cotton dressing was substituted for the gauze.

18th.—The wound was found entirely healed; a continuous plaster splint was applied from the toes to the knee, and the patient was discharged, March 24, at his own request.

May 7.—I learned that the joint was freely movable and painless; the patient had returned to work, and was troubled only by the swelling of the limb during the day.

While in the last case the course was entirely free from complications, and the result as satisfactory as after any simple fracture, and although in the other two the patients' lives were never in danger, and there was never even any anxiety concerning them, except such as is inseparable from a knowledge of the possibilities in such cases, yet in each recovery was delayed, the result marred, and the chance of the occurrence of dangerous complications notably increased by profuse and prolonged suppuration, and in each the course differed widely from the uneventful, uninterrupted, rapid progress to recovery seen in the third case, which is the ideal of treatment, and which many believe a rigorous use of the complete antiseptic method will ensure.

It would be manifestly improper to assume that

this difference in result was due solely to differences in the treatment of these cases; such a generalization from so limited a number of cases would be unwarranted; but a discussion of these differences may not be without value, and may bring out such details of experience and expressions of opinion by you as will enable us to formulate more closely rules of treatment to be applied in similar cases. The details of treatment and the differences were as follows:

In no case was the spray used; neither in the first nor in any subsequent dressing. At the first dressing, the wound was injected with the carbolic solution in the first two cases; in the third case, only the surface of the limb and wound were washed with the same solution. At no subsequent dressing was the wound, in either case, injected; at the most, a sponge saturated with the solution was squeezed over it. The dressing was the common carbolized gauze, applied dry in a single broad sheet of several thicknesses, or in several narrow strips, overlaping and crossing each other somewhat like those of a Scultetus bandage, for the sake of an easier and more accurate fit, bound on snugly with a roller bandage, and sometimes overlaid with a thick layer of cotton to equalize the pressure. The dressing was changed whenever the discharge came through, or whenever pain or a rise of temperature made inspection of the wound desirable. The drainage-tube in the first case was short, reaching probably down to the wound in the capsule, but not into the joint; it was removed on the third day. In the second case, fracture of patella, a drainage-tube was passed into the joint on each side, and left in place for a week. In the third, no tube was used.

In the second and third cases the joint was kept completely immobilized upon a splint for several weeks; in the first case it was immobilized for one week, and then, after the occurrence of suppuration, again until the cure was nearly complete.

There was no evidence of the putrefaction of the discharge in either case; and in the two that suppurated the drainage was efficient, and the pus came, not from the joint, but from cavities that formed in the cellular tissue beneath the skin and, in one, beneath the vastus externus. Why did these collections form? Why did suppuration occur at points so distant from the openings in the skin?

In the first case there appears to be a very definite, immediate, determining cause: the passive motion communicated on the eighth day, together with the use of the arm immediately afterward in dressing and moving about. Up to this time the patient had been doing very well; the swelling had subsided, and the wound was little more than a superficial sore. The swelling that followed the receipt of the injury was not greater than that commonly observed immediately after a dislocation of the elbow, and the passive motion was even much less than that which is frequently communicated in the treatment of the same injury. There must, therefore, have been a secondary, contributing cause; and that second cause I am disposed to find in the adjoining, partly healed track of the drainage-tube; the two acting upon the loose cellular tissue, modified in its nutrition and irritated by the previous swelling.

In the patella case, similar conditions existed; pus formed outside the joint and escaped alongside the drainage-tubes. The later abscess, which formed under the vastus externus, and required a separate opening, was a simple abscess by proximity or by direct continuation, such as is frequently seen.

The almost uninterrupted series of successes recently obtained in various arthrotomies done for the relief of deformity, especially in genu valgum, which are among the most brilliant triumphs of antiseptic surgery, shows that a compound articular fracture, produced by the surgeon with the minimum of violence and of injury to the surrounding soft parts, can be safely received and promptly repaired. In such cases, as also in those which have been here narrated, the joint is opened and a drainage-tube is commonly used. The differences, therefore, to which I think we must look for an explanation of the difference in the result, lie in the greater injury done in the latter to the soft parts, to the swelling, and to the occasional delay in beginning treatment—a delay for which thorough disinfection does not entirely compensate.

Again, if we compare the course of simple dislocation of the elbow with that of the first case, the principal difference is found in the addition in the latter of an incision, the presence of a drainage-tube for forty-eight hours, and the persistence for a few days of the unhealed track of that tube; and this difference was sufficient, with the aid of the slight irritation of motion, to provoke suppuration in the swollen tissues. The inference to be drawn is, I think, that the unbroken skin furnishes a protection for injured or irritated tissues for which antiseptic dressings and treatment are an uncertain substitute, and that we should be cautious in inferring that we can safely deal with such tissues in accordance with experience obtained in operations upon those that are uninjured and unirritated. There is reason to think that if this elbow had been kept at rest for a few days longer suppuration would not have taken place; but still, would it not have been better to postpone the operation itself, to have removed the displaced fragments of the head of the radius only after the subsidence of the irritation caused by the dislocation?

Of these three cases, the one that did best was the one that was least interfered with (it was also the one in which the injury was least, but the difference in this respect was not great enough, I think, to account for the difference in the results), and I find in this fact, and in the fundamental success obtained in all, ground for the belief that confidence in modern methods of treating wounds should incline the surgeon rather toward absolute conservatism than towards operative interference; that in cleanliness, drainage, and rest we have agents efficient in themselves to avert inflammation of the joint, or, failing that, to keep the inflammation within such limits that the risks of an operation, if it should become necessary, are not materially increased; that the safeguards now possessed against

the occurrence of formidable complications of wounds should give confidence to expect the comfortable healing of wounds accidentally inflicted, rather than stimulate to the voluntary creation of new ones; and that the broad rule of treatment in cases such as those under consideration should be to avoid excision, except when it is clearly indicated by the extent of the injury, the difficulty of establishing drainage, or by an economical reason arising from the function of the joint involved, and the social condition of the patient that may make mobility, even if combined with some insecurity, preferable to anchylosis.

CASE OF IMPETIGO HERPETIFORMIS: RECOVERY.

BY LOUIS A. DUHRING, M.D.,

PROFESSOR OF SKIN DISEASES IN THE UNIVERSITY OF PENNSYLVANIA.

IMPETIGO herpetiformis, first described and so named by Hebra, is a rare disease of the skin, about which but little has been written either abroad or in this country. As I have stated in the third edition of my treatise on skin diseases, it may manifest itself in a variety of forms, all having, however, certain features in common. Cases showing the several varieties of the disease have, from time to time, presented themselves to me, one of which I shall briefly describe with the following case:

Mrs. Noami P., aged 24, applied for advice at the University Hospital, December 26, 1882, suffering with a mixed vesicular, bullous, and pustular disease of the skin, occupying the greater portion of the general surface. The following history was obtained: She had enjoyed good health until seven months ago, when the disease of the skin made its appearance. At the time, she was six months pregnant, and in average health. The eruption began upon the abdomen, but within a week, the whole surface, including the hands and feet and fingers and toes, was invaded. The first lesions were wheals, which in a few days passed into vesicles and small blebs, accompanied with violent itching. The urticarial lesions soon ceased, vesicles, blebs, and pustules now appearing from day to day. The blebs possessed the peculiarity of refilling upon being opened. Many of the lesions came out as "water-blisters," and later became whitish pustules. This change was often noticeable when they refilled a second or a third time after being evacuated. The disease increased steadily in severity up to within a week of confinement. At times the whole surface, including even the mucous membrane of the mouth and vagina, was literally covered with lesions. They made their appearance in the form of crops every few weeks, at one time vesicles and blebs predominating, at another time vesicles and pustules or a mixture of all three lesions. They varied in size from a pin-head to a pea, or even a walnut, and were of different shapes, being mostly very irregular in outline. Some were flat, others were raised, the vesicles being generally flat.

Each attack lasted about a fortnight. The distress from the itching was almost unendurable. None of the many applications used afforded any relief, and anodynes were resorted to nightly. Early in the course of the disease, the nails of the fingers and toes became affected, and the hair fell out to a considerable extent. The child was born healthy at full term, four months ago. After delivery, the eruption began to decrease somewhat in severity, but it has nevertheless persisted, and now presents the same general characters as at first. In fact, at no time has the type of the eruption materially changed.

The following notes were recorded at the time of the examination: The patient is a blonde. She is tall and spare, and is evidently in poor general health; the expression is anxious, and she is both nervous and despondent, fearing that she will never recover. She has lost weight of late. The whole surface, especially the trunk and upper extremities, is the seat of a profuse multiform eruption, characterized by vesicles, vesico-pustules, pustules, and blebs, of the most varied sizes and shapes. Many of the vesicles are extremely small—pin-point, and pin-head sized. All are tense, and have a glistening, glazed look. The small lesions are, as a rule, flat and but little raised. The pustules are more variable in size, some being as large as peas, or even cherries; the blebs are in some instances as large as cherries, or even walnuts. None of the lesions show any disposition to rupture, and are in this respect distinctly herpetic. As a rule, they are not accompanied by redness of the skin, nor by marked areolæ; often they rise from apparently sound skin. Many of the larger ones have an irregular, jagged, or stellate outline, which gives them a "puckered" appearance, similar to that we sometimes see in herpes zoster. This peculiarity is particularly noticeable with the pustules. Vesicles, pustules, and blebs exist in all stages of evolution; vesicles are observed passing into pustules and also into blebs. Here and there vesicles and pustules are developed side by side, and owing to the fact that the latter are whitish rather than yellowish, the contrast is marked.

Another peculiarity to be mentioned is the tendency all the lesions evince to group—to occur in more or less well-defined clusters. At the same time, it must be stated that this does not exist in so marked a manner as in herpes zoster. For example, here and there two or three pustules are grouped, but oftener a number of vesicles are irregularly clustered, forming a patch the size of a dime or a quarter dollar. The eruption in no instance follows the course of nerve-tracts. The extensor surfaces are more affected than the flexor. The finger-nails show two distinct transverse ridges, indicating attacks of cutaneous outbreak.

The patient was placed upon full doses of arsenical solution and wine of iron, and used locally an ointment of oleate of bismuth. The following week, new lesions still appearing, one-half of the general surface was anointed three times daily with precipitated sulphur, two drachms; olive oil, two drachms; lard, one ounce. Upon the other half of the body, the "liquor carbonis detergens" (an alcoholic solution of coal-tar), one part to four of water, was applied freely. Under these local reme-

dies, improvement set in at once, both seeming to act beneficially. The tarry preparation was subsequently used (full strength) upon the whole surface. A tonic saline aperient was also prescribed for daily use in connection with the iron and arsenical mixture, and under these remedies, the patient made a very satisfactory recovery. Six weeks ago she regarded herself as cured, and a few weeks later passed from under observation.

MEDICAL PROGRESS.

DRAINAGE OF THE NON-PUERPERAL UTERUS.—E. SCHWARTZ, of Halle, recommends drainage of the uterus in morbid states not directly due to the influence of parturition. Though the cavity of the non-puerperal uterus is smaller than the bladder and other cavities, which in their morbid states are constantly treated by drainage, yet the swelling of the mucous membrane, and the uterine flexions and deviations often obstruct the outward flow of secretions. Schwartz at first used rubber drainage-tubes, but found that these were liable either to be occluded or else to produce slight hemorrhage. He then employed the sounds of Schede and Rümmel, which consist of a kind of trellis-work of very fine filaments of glass. If too large, they produce uterine colic. At first, the sounds produced an increased secretion, but in a few weeks it ceased altogether, and the patients were cured. He had had no disagreeable complications. The sounds are about two and one-half inches long, flexible, with a kind of handle at the upper extremity, to which a silk thread is attached in order to keep them more easily in the uterus; to the lower end another thread is attached, in case the patient may wish to remove them. The sounds are introduced by means of an ordinary hysterotome, after having been previously dipped in iodoform. In cases of endometritis they should be kept in the uterus for some months, being changed every three or four weeks. In amenorrhœa a few days is a sufficient time to keep them in position. In cases of mechanical dysmenorrhœa, Schwartz has had good results after a month's treatment.—*Centralbl. für Gynäk.*, March 31, 1883.

CONDENSED MILK AS A FOOD.—The Commission of the French Society of Hygiene have published the following conclusions regarding condensed milk: 1. Condensed milk containing sugar, diluted with twice or four times its weight of water, may be considered as an article of food, and in some cases would prove useful. 2. Artificial milk thus prepared is incontestably inferior to good cow's milk. It is a healthy article of food, but only slightly nutritive. 3. The directions given in the prospectus are calculated to mislead the public. Condensed milk, diluted with from six to ten times its weight of water, cannot be classed as an article of food. 4. Newly born infants, which have been suckled for three or four months, may be weaned and fed with good cow's, goat's, or ass's milk, not mixed with water, and given in sufficient quantity. Condensed milk containing sugar, diluted with from two to three times its weight of water, may form part of the daily nourishment of such children; but it would be certainly imprudent to use it alone.—*British Medical Journal*, April 21, 1883.

TARSOTOMY FOR CLUB-FOOT.—M. BŒCKEL, in a communication to the Société de Chirurgie of Paris, proposed tarsotomy as a treatment for congenital club-foot—especially equino-varus. This method of treatment, by removing the astragalus, he considers superior to all others, and shows that under the influence of a deformed astragalus, the foot gradually takes a vicious form. In forty published cases of the operation there were no accidents or complications. An immovable dressing is applied. Bœckel found that, in one of his patients, the limb was not shortened after the removal of the astragalus. M. DESPRÉS thought that tenotomy should also be performed in connection with the tarsotomy, in order to get uniformly good results.—*Progrès Med.*, April 21, 1883.

MEDICATED GELATINE IN SKIN DISEASES.—DR. PICK regards medicated gelatine as a clean and convenient dressing in the local treatment of skin diseases, the use of plasters or bandages to retain the medication being entirely obviated. The patient applies the gelatine, previously melted in a water-bath, with a brush, and when dry, applies over it a thin coating of glycerine, which prevents the gelatine cracking or chipping off, and keeps it flexible. The gelatine is prepared as follows: Fifty parts of gelatine are dissolved in one hundred parts of distilled water, in a water-bath. The desired medicine is then added, the mixture being constantly stirred. Then set aside, and wrap in oiled paper when cool. The patient melts a portion of this cake in a saucer placed in hot water, and, when dissolved, applies it with a camel's-hair brush to the diseased surface. If a fresh application is desired, the patient takes a warm bath, which washes off the old dressing.—*Allgem. Wien. Med. Zeit.*, Feb. 13, 1883.

THE CAUSE OF ICTERUS NEONATORUM.—BIRCH-HIRSCHFELD, relying on the evidence shown by the examination of six hundred bodies of infants, attributes a hepatic origin to the icterus so often found at that age. The immediate cause seems to be an œdema about the branches of the portal vein in the capsule of Glisson, which compresses the excretory bile-ducts. This theory is supported by the fact noted by Hofmeister, that one generally finds bile acids in the serous fluid contained in the pericardium of new-born children dead of icterus. As to malignant icterus neonatorum, Birch-Hirschfeld thinks, contrary to the opinion of his predecessors, more particularly of Renege, that the infection is conveyed, not through the umbilical artery, but through the vein.—*Le Progrès Med.*, April 21, 1883.

ALCOHOLIC PURPURA.—VOGELIN says (*Th. de Paris*, 1882):

1. Alcoholism alone will suffice as an exciting cause of purpura in predisposed individuals.

2. Pathologically considered, this form of purpura is due to changes brought about by alcohol in the blood, in the walls of the capillaries, and in the vaso-motor system.

The precise manner, however, in which alcohol acts upon these elements has yet to be explained.

3. Alcoholic purpura runs a rapid course. While usually terminating favorably, it leaves a tendency to relapse.

4. Treatment should be directed, in general, to the functional troubles resulting from alcoholism, and specially to the conditions which underlie the petechial eruption. The measures adapted to ordinary purpura are also those best indicated in these cases.—*Journal of Cutaneous and Venereal Diseases*, June, 1883.

QUININE CARBIMIDE IN ERYSIPELAS.—TURBIN has treated five cases of erysipelas with the bimuriate of quinine carbimide. An aqueous solution of 60 to 65 per cent. was used, the amount being ℥x. One or two injections were sufficient. The erysipelatous parts were

then dressed with camphorated carbolized oil. Turbin has had no unpleasant symptoms from this treatment, though 71 local abscesses have been reported as occurring in 281 patients in whom 773 injections were made. It seems that this double salt has no advantage over other preparations of quinine.—*Revue des Sciences Médicales*, April, 1883.

ANÆSTHETICS DURING LABOR.—DR. THOMAS D. SAVILL, at the close of a paper on this subject, thus summarizes the main precautions, the observance of which would render the use of chloroform justifiable:

1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fibre—weak, anæmic females in their eighth or tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong, healthy primiparæ whose pelves and general build approximate to the masculine type.

2. We should not give it when labor is complicated with severe vomiting, or with acute disease of the heart or lung, unless there be imperative call for it.

3. It should not be given to the full extent, except for operation, convulsions, or spasm of the cervix; and then it is most necessary that one person should devote his entire attention to it.

4. The inhalation should be stopped directly we find the pulse becoming very weak, or the respiration irregular.

5. Anything which makes us suspect a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy), but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain; but a fatty heart may be suspected by an exceedingly feeble cardiac impulse, combined with an almost inaudible first sound; or attacks of dyspnœa, vertigo, and syncope, in the absence of anæmia, or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of præcordial dulness, combined with epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position, and does not shift with respiration: or when there is depression instead of protrusion of intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse.

6. The sixth and last precaution I would mention is this. In all cases we should take extra care to prevent the occurrence of hemorrhage after birth: by giving a full dose of ergot in a little warm water when the head reaches the perineum; by ceasing the chloroform immediately it is born; and by rousing the patient from her lethargy as soon as possible.—*British Medical Journal*, May 12, 1883.

INHALATIONS OF EUCALYPTOL IN INFECTIOUS DISEASES.—DENIAU highly recommends this treatment of infectious, and also of some non-infectious diseases, as croup, bronchitis, etc. The use of the atomized vapor has given very satisfactory results. The results of this treatment in diphtheria especially were unusually good. The patients were kept in a moist atmosphere of the eucalyptus vapor. All the cases of diphtheria treated in this manner at New Plymouth, Australia, recovered without grave symptoms. The false membranes were easily coughed up, and in some cases casts of the bronchi. Eucalyptus is also recommended as a useful inhalant in bronchitis, croup, and asthma, and is a favorite Australian remedy for influenza. It seems, too, that it would give good results in typhoid fever.—*Bull. Gén. de Thérap.*, April 30, 1883.

ALOPECIA PRÆMATURA.—DR. LASSAR recommends the following treatment for premature baldness: Wash the scalp thoroughly for fifteen minutes every day with tar-soap, or soft glycerine soap, or soap which contains iodide of sodium. This must be followed by a warm douche, gradually cooled, and finally with water containing corrosive sublimate, two parts per thousand. The hair is then dried, and a spirituous solution of naphthaline (one-half per cent.) is rubbed into the hair. Carbolic or salicylic acid (one and one-half to two and one-half per cent.) may also be employed in the douche. This treatment must be persisted in even for eight weeks or more. It is much more efficacious in the early stages.—*Berliner klin. Wochensch.*, April 16, 1883.

RESORCIN IN PURULENT VAGINITIS.—CHÉRON has used resorcin successfully in cases of purulent vaginitis, both in the acute and chronic stages. When specular examination is painful, he introduces a rubber tube into the vagina and injects, three times a day, the following solution (irrigating the vagina with it for about six to ten minutes): Resorcin ℥ijss, Water Oij. By the use of this solution the purulence rapidly diminishes, as does the pain on examination, and then the following may be employed: Resorcin ℥jss to ℥iij, Glycerole of starch f℥ij. This is introduced into the vagina through the speculum, by means of a tampon, and left in place for twelve or fifteen hours. This is done every other day. A cure is obtained much more rapidly by this means than with emollients and glycerite of tannin.—*Le Progrès Med.*, May 12, 1883.

CHRONIC MILIARY SUDAMINA.—PINARD, in *Le Courrier Méd.*, September 23, 1882, concludes an article on this subject as follows:

1. There exists as a sequel of acute sudamina (whether sporadic or epidemic), a hitherto undescribed form of the disease, for which I suggest the name *chronic miliary sudamina*.

2. In the majority of cases it follows in the course of a protracted convalescence from the acute form of the malady. Sometimes, however, in a district infected by acute sudamina, it occurs spontaneously and primarily, or after a short subacute stage.

3. According to my observations, it affects grown-up persons exclusively, and females are rather more liable to its attack than males.

4. Its leading symptoms resemble those of cerebro-spinal irritation, as described by Jaccoud. They are habitual and profuse sweats; a discrete and scanty miliary eruption; marked muscular paresis; persistent weakness of the stomach, followed by subjective sensations of heat and cold; neuralgic or rheumatic seizures; severe epigastric pains, and palpitation of the heart.

5. The complaint seldom varies in its manifestations, and lasts from a few months to three or four years, with a tendency to spontaneous cure.

6. Sulphate of quinine will be required in a few cases of chronic miliary sudamina, but, as a general rule, cold water and the continuous galvanic current are the only reliable remedies.—*Journ. of Cutan. and Venereal Diseases*, June, 1883.

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SATURDAY, JUNE 2, 1883.

THE AMERICAN MEDICAL ASSOCIATION.

WE are not of those who decry the American Medical Association, either in its scientific, ethical, or social objects, and we hail the occasion of the annual meeting as one of great importance to the American medical profession. We presume no one will deny that the Association, since its organization, has been of service in diffusing a knowledge of rational medicine, elevating the tone of its members, and in promoting an acquaintance and friendship between men widely scattered, and unlikely to be brought together, except through its meetings. Whether all of these results have been accomplished in the highest degree desirable or possible is a question which we do not think it profitable at present to discuss.

More to the point is it to consider what the Association should seek to accomplish in the near future. In searching for an answer to such a question, there occur to us the following objects, the importance of which would appear to be somewhat in the order in which we shall place them.

First, the development and dissemination of accurate knowledge of rational and scientific medicine and such collateral sciences as lead to the former. To this end, it is important that the ablest men in the profession should be enlisted in the cause of the Association. This is not now fully the case, for although it has always had enrolled upon its list of members many of the strongest men, yet there are others who have been conspicuous by their absence. It is true that it is a pecuniary sacrifice to busy men to devote a week to attending the meeting of the Association, but, as a rule, it is they who can best afford the sacrifice, and we suggest that such a sacrifice, if it be not rewarded in the consciousness of pleasure to others less fortunate, may even be as bread cast upon the waters—to return after many days.

The Association, on the other hand, has also a part to play in attaining this most desirable object—the interest of the eminent men of the profession—and that is to ignore all partisan, geographical, or special reasons of any kind, in the appointments to positions involving the presumption of peculiar qualifications, but to select only those whose reputations acknowledgedly adapt them for the post to be filled, and especially not to appoint those who seek appointment for personal reasons. A by-law of the Association has frequently harassed the Committee on Nominations by preventing the election of desirable officers for the next year on account of their absence from the meeting of this year. The best interests of the Association would be promoted by the repeal of this law, as now proposed.

In the further development of the scientific aims of the Association, the method of work by sections is certainly that in which the best results have been accomplished by the British Medical Association, with the objects of which our own may be said to be identical. At the same time it must be admitted there is some reason for disappointment at the results of the work of the sections. We cannot but think that the formation of the various national societies devoted to the interests of the specialties, such as the American Surgical, Gynæcological, Ophthalmological, Laryngological, and others is almost wholly responsible for this. They have unquestionably taken away from the sections of the American Medical Association many men whose coöperation would have been most creditable. And believing as we do, that the same results could have been accomplished in the sections of the General Association, we confess that we regret the formation of these special societies—at least to the extent to which it has gone. There are no British Dermatological, Laryngological, or other special societies, and, therefore, the sections of that Association devoted to corresponding specialties have been brilliant successes. In taking this position, we do not, of course, wish to be considered as discouraging local societies devoted to the specialties. It would be a great waste of time for men interested in different specialties to sit in one general medical society, and listen to disquisitions upon subjects in which they have no interest, while it is certain, too, that the specialties would never have reached their present stage, but for such local organizations. But each section of the National Medical Association should be a national society devoted to the interest

of one or more specialties, and thus would be accomplished the object of such a society. It is further, not unlikely that men who are members of these different national special societies are prevented from attending the National Medical Association by the fact that they cannot afford the time and expense demanded by attendance on both. And thus, in a second way, does the section suffer by reason of the existence of the national special society.

These societies, however, now exist, and it is not likely that any influence which can be brought to bear will soon effect their discontinuance. But we still believe that the sections can be redeemed from their unsatisfactory position. On another occasion we may discuss the methods by which this might be accomplished.

We regard the Association as the guardian of the ethics of the profession, and if there were no other motive for its existence than this one, we feel that its existence would be justified. It needs but little thought to convince one's self that, whatever may be our shortcomings, the relations of medical men to each other are characterized by a higher degree of courtesy and mutual consideration than those between members of other professions, and between business men. This we believe to be due to the influence of the Code of Ethics, which is the crystallization of every principle of honor and unselfishness, and which owes its existence to the American Medical Association. We fear there is reason to believe that the impression made by these principles is now less vivid than it has been, and no opportunity should be lost of calling attention to the golden rules laid down in the Code of Ethics.

There is a work, too, in which it occurs to us the Association might be of great service, not only to the profession, but also to the community at large, although we confess we are not prepared to immediately suggest a method by which to grapple with it. It is the growing evil of the worst kinds of quackery. Any one who reads our daily papers cannot fail to be struck with the space occupied by specious advertisements of absurd nostrums for the cure of this and that affection, while the country is flooded with circulars having the same object. It is well known that the formulæ for these nostrums are, as a rule, exceedingly simple, as witness Mrs. Joanna Stevens' "Remedy for the Stone," and the famous St. John Long's liniment for rheumatism. At the same time, the analyses of these supposed remedies requires the highest chemical skill and is costly. We simply throw out the suggestion, could the Association make a better use of the funds in its treasury than to furnish the means for such analyses, and expose the trickery and fraud by which thousands of dollars are taken annually from the pockets of those who can least afford it?

Finally, the social objects of the Association are by no means to be ignored. There is great advantage to all of us in intermingling with our fellows. Isolation tends to narrowness and egotism, and one of the most wholesome lessons to be learned in our intercourse with others is that there are others besides ourselves, as good and better, attrition with whom is of mutual advantage, whether in debate or at the dinner table.

CAN TUBERCULOSIS BE PRODUCED BY THE INOCULATION OF INDIFFERENT SUBSTANCES?

THAT a correct answer to this question is essential to a solution of the problem of the infectiousness of tuberculosis, which is now engaging the attention of pathologists and clinicians throughout the world, is evident. For if indifferent substances, like cheese or dried blood or inspissated pus, are capable of producing true tuberculosis, the operation of the inoculated bacillus of Koch may be precisely the same—that is, it may act simply as an irritant.

We have always thought that the adherents of the doctrine of the infectiousness of tuberculosis ignored too completely the results of experiments which tend to show that tuberculosis can thus be induced. This attitude is based largely, if not altogether, upon the result of Cohnheim's experiments. It is well known that this experimenter, in conjunction with Fränkel, first made a series of inoculation-experiments, which he then thought established the fact that tuberculosis could be induced by the inoculation of different substances. But in a second series of experiments, the results were negative, and he, in consequence, retracted the views he first held. This is, of course, a strong point, but it is doubtful whether we are, in consequence, justified in immediately ignoring the results of other experimenters. The most which is justified is a demand that these experiments should be carefully repeated.

In this view we are not without support, even in the home of Koch. For at a recent meeting of the Berlin Medical Society, Dr. P. Guttmann declared that among those whose experiments went to show that tuberculosis could be produced by the inoculation of indifferent substances were men against whose reputation for reliability no objection dare be made. He had recently examined the existing literature upon the subject, and, with two exceptions, the original papers. The list of names which he presented as being worthy of the highest confidence, is a valuable one for reference, and we commend it to those who vehemently declare that no pathologist worthy of the name any longer claims that tuberculosis can be produced by the inoculation of non-tubercular substances. All of

these authors made inoculations with true tubercle, the inoculations with non-tubercular material being control-experiments. Among Englishmen are Sanderson (*Brit. Med. Journ.*, 1868), Wilson Fox (*ibid.*), and Foulis (*Glasgow Med. Journ.*, 1875). Among French writers are Papillon, Nicol, and Leveran (*Gaz. des Hôp.*, 1871); and among Germans are Lebert and Wyss (Virchow's *Archiv*, Bd. 40), Gerlach (*ibid.*, Bd. 51), Waldenburg (*Treatise on Tuberculosis, Phthisis, and Scrofulosis*, 1869). All of these observers claim to have produced tuberculosis in this way. Two papers, one by Empis (*Report of the International Medical Congress in Paris*, 1867), another by Robinson (*Philada. Med. Times*, 1881), he had not seen in the original. Whether the nodules produced by Empis were true tubercles he thinks is doubtful. In Robinson's experiments, with the inoculation of non-tubercular matter, one-half were negative and one-half positive.

During the discussion which followed, Friedlander, in reiterating an objection previously made, that these experiments were unreliable, said that all were open to two sources of error, viz., the possible admixture of tubercular with indifferent material, and spontaneously acquired tuberculosis, the result of the animal's surroundings; that experimenters had usually allowed their animals to live so long that tuberculosis might readily have developed independently of inoculation, while Koch has shown that the infection of tubercle operates very quickly.

To these objections Guttmann replied that the first source of error named by Friedlander is such an evident one that every experimenter who engaged in such work has excluded it. As to the acquired tuberculosis, the possibility of it cannot be denied; but control-experiments have been made in which sound animals, not experimented upon, were kept under the same conditions as those which had been inoculated. Both sets of animals were killed at the same time, and in those inoculated was found miliary tuberculosis; in the others, none. In other experiments, the animals were killed a comparatively short time after inoculation, and yet tuberculosis was found in the different organs.

It is such facts as these which, to an unprejudiced observer, stand in the way of the acceptance of the doctrine that tuberculosis is an infectious disease. And we hold with Guttmann that there is sufficient evidence in favor of their existence to demand a careful repetition of the experiments on which they are based before we dare believe that tuberculosis is infectious. We say this, not in a spirit of antagonism, but of conservatism, which demands a fair examination of both sides of a question before a decision is reached.

THE ABUSE OF ATHLETIC SPORTS.

As the season approaches which naturally invites to a larger participation in outdoor athletic sports, a few reflections from a medical standpoint on the abuse of such games may not be untimely.

There are two ways (independent of accidental injuries by bats, balls, etc.) in which athletic sports may be made to prove injurious. First, in the production of temporary conditions, such as syncopal and convulsive attacks due to over-exertion and exposure to the sun's rays on the part of those unaccustomed to these influences. Such accidents may occur in any kind of athletic sport involving the conditions named, but may be well illustrated by a case which came under our notice within a week:—

A young man twenty-five years old, very strong, but occupied at indoor work, joined in a game of base ball on a moderately warm day in May. He became very much interested, and instead of playing an hour as he intended, he played for at least four hours. He became overheated, went home and ate his dinner, during which he became excited in conversation, arose from the table, went to his room, and fell in a fit. When seen, he was unconscious, and had been so for at least three hours, having a convulsive seizure every now and then. An enema containing half an ounce of turpentine promptly restored him to consciousness, and the next day but one he was at his work. This young man was in typical health, and had never had a convulsion before in his life; this one was doubtless reflex, due to irritation of undigested food upon hyperæmic nerve-centres, and was clearly the indirect result of the over-exertion and exposure to the sun.

More frequent and less serious are syncopal attacks due to the same cause. Many of our readers who in their student days have gone from the preceptor's office into the hay-field for a turn at haymaking, have probably experienced the uncomfortable sensation of "giving out," and have perhaps had to bear the ridicule of companions for some time afterward.

Both of these accidents may occur in almost any game, even if it involve moderate exertion, provided a suitable subject offers. Rarer, of course, are the more serious results of heat-stroke, or thermic fever, although these are not impossible on extremely hot days, when games last a long time and involve a great deal of exertion.

But there is a consequence more serious and more permanent than the two first mentioned which occasionally results from athletic sports. This is what may be termed, for want of a better name, "heart-strain." This is only possible where the game demands continuous effort, as in rowing and running, and possibly also in swimming. It does not apply

to cricket, base ball, or other games in which violent exertion is more or less interrupted. We have spoken of this condition as heart-strain, although it probably has its origin in the lungs. It is well known that the effect of continuous muscular exertion is to interfere with the aëration of the blood, which becomes overcharged with carbonic acid. It is known, too, that blood overcharged with carbonic acid cannot circulate with facility through the capillaries, especially of the lungs, and accumulates in them, and in the pulmonary veins. The column of blood which is driven by each systole of the right ventricle is resisted by the already filled capillaries and veins, and a high degree of tension results in the pulmonary artery. The semilunar valves are strained, sometimes made insufficient, and possibly even lacerated in extreme cases. If there be simple temporary insufficiency, a repetition of the long-continued effort in another race may so increase it as to make it permanent. Hypertrophy and dilatation of the right ventricle and auricle and general surcharging of the venous system succeed to this condition. To this ensue degeneration of the muscular substance of the heart, and to the previous shortness of breath are added palpitation and irregular action with their distressing consequences.

These consequences are, of course, not confined to athletic sports, but may attend prolonged exertion of any kind, attended with pulmonary congestion. Similar is the effect of prolonged "running to catch a train," and especially is this harmful to one who has passed middle-life, in whom the tissues have already commenced to degenerate. Who has not experienced the cardiac pain incident to such overexertion, which must be due to a state of tension of the pulmonary semilunar valves?

Finally, the "irritable heart" of the military service, the clinical history of which was so thoroughly given by Prof. Da Costa in the *American Journal of the Medical Sciences*, 1871, is probably in some instances, the result of causes similar to those above discussed. In others it appears to have resulted from less violent exertion, operating upon a heart enfeebled by previous illness, as chronic diarrhœa, etc.

It is not impossible, also, that the extra tension to which the left heart is subjected in its efforts to overcome the resistance of forced muscular contractions may also result in strain upon its vessels, although the injuries which these have suffered have generally ensued upon more sudden and forced muscular effort than is commonly practised in athletic sports.

In conclusion, while it is a matter of congratulation that out-door life is becoming more popular with girls, through the medium of lawn-tennis and similar games, and although the exercise thus taken is not of so violent a nature as to produce in them the results above referred to, it is to be remembered that even this degree of muscular activity during menstruation, is often harmful in other ways; and physicians who have the care of families with growing girls, ought never to lose sight of this fact. A timely word upon the subject may save a girl from a life of suffering.

IN the case of Fox *vs.* Gordon, involving the question of the right of the husband to remove the dead bodies of his wife and two children from the cemetery lot of his mother-in-law, the Master to whom the case was referred has decided, that there is, at least, a right of custody, if not of property. He quotes the very sensible remarks of Hon. Samuel B. Ruggles, of New York, in a similar case, that "the dogma of English ecclesiastical law, that a child has no such claim, . . . is so utterly inconsistent with every enlightened perception of personal right, so inexpressively repulsive to every proper moral sense, that its adoption would be an eternal disgrace to American jurisprudence. The establishment of a right so sacred ought not to need any judicial precedent.

"The person having charge of a body cannot, however, be considered the owner of it in any sense whatever; he holds it only as a sacred trust for the benefit of all who may, from family or friendship, have an interest in it."

BY capillary electrolysis is meant the utilization of a capillary trocar as the electrolytic needle. Dr. Henrot, who proposes this method, uses it in those cases of goitre containing cysts, and permeated by large veins. Whilst through the canula the fluid is removed, the canula, as a needle transmitting the galvanic current, brings about also the closure of the great veins. Dr. Henrot gives a case with minute details, in which this mode of treatment was entirely successful. If such an expedient be contrasted with the measures heretofore available for the treatment of vascular cystic goitre, its superiority becomes at once apparent.

DR. LEVERT has recently published a memoir advocating the use of ethyl bromide as the most suitable anæsthetic for lessening the pangs of labor. Assuming the propriety of the practice of inducing anæsthesia in all cases of labor, he maintains the superiority of ethyl bromide for these reasons:

It diminishes or suppresses the pain. It has no injurious effect on the mother or child. Labor proceeds more rapidly, and instrumental interference is less often necessary. After delivery, there are no accidents which can be properly referred to the anæsthetic, and the convalescence is rapid and sure.

REVIEWS.

THE SUBJECTION OF HAMLET. AN ESSAY TOWARD AN EXPLANATION OF THE MOTIVES OF THOUGHT AND ACTION OF SHAKESPEARE'S PRINCE OF DENMARK. By WILLIAM LEIGHTON, Author of "Shakespeare's Dream," etc. WITH AN INTRODUCTION BY JOSEPH CROSBY, Hon. M. R. S. L. Pp. 74. Philadelphia: J. B. Lippincott & Co., 1882.

THIS work may seem quite foreign to the review department of a medical journal. As, however, it deals with psychological questions, we may, so far as our space will allow, make some comments on the motive and character of the essay.

The mental condition of Hamlet has been a fruitful topic of discussion by philosophers, poets, and psychologists. Mr. Leighton enters into the discussion with a new theory. The contention has usually been between the view that the mental condition of Hamlet is feigned, and that which holds him to have been actually disordered in mind. Of course, it is the conception of Shakespeare, and not the actual Hamlet with which the question is concerned. Hence, what was the central idea of the great dramatist? Did he mean to convey the idea of a Prince at a Royal Court feigning madness to achieve his purpose of revenge? Or was his purpose to make the Prince actually melancholic, and suffer from acute exacerbations? Mr. Leighton maintains that it was Shakespeare's purpose to have it seem that the reason of the Prince was actually overthrown by the horrible events of which he became cognizant; by the superstitions connected with the appearance of the ghost, and the other supernatural adjuncts. This view is supported by ingenious reasoning; and although he makes no attempt to define the form of mental derangement, Mr. Leighton constructs a fine argument to prove mental unsoundness. The essay is well written and is an interesting exposition of his theory.

SOCIETY PROCEEDINGS.

AMERICAN LARYNGOLOGICAL ASSOCIATION.

Fifth Annual Congress, held in New York, May 21, 22, and 23, 1883.

(Specially reported for THE MEDICAL NEWS.)

(*Concluded from p. 610.*)

THIRD DAY, MAY 23D.—AFTERNOON SESSION.

DR. GEORGE W. MAJOR, of Montreal, read a paper on

THE VALUE OF POST-LARYNGEAL PAPILLOMATA AS A MEANS OF DIAGNOSIS IN TUBERCULAR DISEASE.

He held that although these growths were recognized as present in a number of cases of laryngeal phthisis, that no special importance as a means of diagnosis or prognosis has been attached to them. It was a difficult matter to say accurately in what proportion of cases of tubercle these developments were to be found, as frequently before coming under observation—laryngoscopically—the cases had either advanced to ulcerative changes, or undergone some local treatment modifying the condition of the facts. He thought about twenty per cent. of the cases might be a safe estimate. In his experience *feathery* papillomata occurring in the region stated were as valuable a means of diagnosing at a very early stage, and before physical signs had been developed, as any before the notice of the profession. Why this should be he did not pretend to say, any more than he would attempt to explain the proneness of other parts to first affection. The *velvety* growths he did not regard as of paramount value, but considered they should be carefully pronounced upon.

In his private practice, and in the Montreal General Hospital clinique, he had found the conditions referred to, to be a most valuable aid to diagnosis, when present, and had observed the rapidity with which tuberculosis extended in this class of cases.

His object, he said, in bringing the subject before the Fellows of the Association, was to elicit an expression of opinion from those whom opportunities so well fitted them to speak with authority.

DR. ASCH remarked that he had frequently observed in phthisical cases the inter-arytenoid projections described by Dr. Major, but that he had not considered them diagnostic of pulmonary disease as he had observed them in case of asthma, and in others in whom there was no tubercular complication; his treatment, in cases where the projections did not demand evulsion by the forceps, consisted in the application of astringents as described by Dr. Major.

DR. MAJOR said, in reply to Dr. Asch, that, in the "velvety" condition of the space under discussion, he had not found lung complication usually, but such cases were hereditarily tuberculous. After the filamentous stage, he had yet to see a case recover; he considered where that state had developed the prognosis was markedly unfavorable.

A CASE OF ENORMOUS TUMOR, REMOVED FROM THE GLOSSO-EPIGLOTTIC SINUS.

DR. E. C. MORGAN, of Washington, D. C., reported a case of a large pedunculated myxo-sarcoma, originating from the left glosso-epiglottic fossa and a portion of the lateral pharyngeal wall, in which he was enabled to remove the tumor in rather a novel and primitive manner, viz., by getting its pedicle between the tips of the *index* and *middle fingers*, and using considerable *torsion* and *force*.

The patient, a strong, well-devolped man, of forty-nine years, had long suffered from dyspnœa, dysphagia, and aphonia, which symptoms ceased almost immediately after the extraction. The tumor measured two and one-half inches in lesser, and two and three-quarter inches in greater circumference, was ovoid, of firm consistence, and had a pedicle one-quarter inch long.

Microscopic examination demonstrated that it was a myxo-sarcoma. The specimen and drawings were exhibited, and it was stated that the man is doing well, two and a half months after the operation. Laryngoscopic examination shows that the growth was completely removed.

During his remarks, Dr. Morgan took occasion to say that pharyngeal tumors are, according to his researches, not so rare as is generally claimed, and presented a tabular statement, embracing sixty-one authentic examples. Sarcomata predominate in the pharynx. In concluding, he submitted a complete bibliography of the entire subject, containing seventy references to interesting contributions.

DR. DEBLOIS said: In listening to the very instructive and interesting paper of Dr. Morgan, we may draw at least one useful suggestion from it, that is the proper use of our fingers. As our practice in laryngology becomes more and more scientific, so much the more are we addicted to the exclusive use of instruments to the exclusion of more natural means. And in this connection he would beg leave to suggest the propriety of the use of the finger-nail in the extirpation of growths in the larynx. He had the good fortune in this way to partially remove a growth from the vocal cord; where, owing to the hyperæsthesia of the parts, the introduction of the laryngeal forceps was impossi-

ble. Although this procedure may seem brutal, it appeared to him at least, quite as justifiable as in introducing the forceps at random when the parts cannot be seen.

With regard to the bibliography of the subject, he thought that the Association owed its thanks to Dr. Morgan, the extent of whose extensive and laborious researches had just been presented. There are few who would have sacrificed so much of their own time for our instruction.

DR. INGALS referred to a case of a very large growth in the naso-pharynx extending into the mouth, which greatly obstructed breathing, which was operated upon by Dr. Moses Gunn, of Chicago; who removed the tumor with his finger. He had not been able subsequently to discover the point of attachment of the tumor. With regard to the brutality of attempting to remove laryngeal growths with the finger, he would merely state that it would depend upon the size of the operator's finger.

DR. DELAVAN said that he recalled one of the cases referred to in the paper by Dr. Major; he had been present when the operation for its removal was performed by Dr. Wagner; it was in a girl of twenty-two years of age, who had not been aware of any difficulty in her throat until a few weeks before applying for treatment. Upon examination, a growth one and one-fourth inches long by three-fourths of an inch wide was seen depending upon the posterior border of the soft palate; it was found to be attached near the floor of the posterior nares on the left side. Schrötter's écraseur was used, but it was impossible to remove it in this way, and it was finally divided with great difficulty by means of a strong knife. Upon microscopic examination, the outer surface was found to be covered with a thick coating of epithelium having a horny layer, the basement membrane, and under this a thick layer of fat; in the centre of the tumor was a large double plate of true cartilage surrounded by a fibrous sheath of perichondrium; the point of interest in the case was that the patient had been unconscious of any difficulty in her throat until within a short time, although the growth was evidently congenital. It resembled the helix of a normal ear. He had at the time reported the case at a meeting of the New York Pathological Society, and had found that up to that time at least six cases had been placed on record. As to the removal of morbid growths in this locality with the finger, he thought the method particularly applicable in cases of adenoma at the vault of the pharynx; it seemed illogical to examine such a case with the finger and then resort for its removal to an instrument, when the examination and the removal might be combined in the one manipulation. He thought that the use of the finger-nail in certain favorable cases was even superior to the use of instruments.

DR. LINCOLN said that in order to illustrate the possibility of operating with the fingers through the mouth upon tumors of large size, he was prompted to add that in his researches upon the treatment of naso-pharyngeal tumors, in the paper which he had read yesterday, he found a report of a case of naso-pharyngeal polypus removed by Dr. Whitehead by the finger, unaided by instruments, if he remembered correctly.

DR. ASCH said that he would merely suggest that a difficulty is experienced in introducing the finger behind the palate in a great many cases, especially in women. There are, unquestionably, cases in which such a method could be applied, but in others it could not be carried out without severe laceration.

DR. BOSWORTH said that Meyer reports some three hundred cases of examination of the naso-pharynx with the fingers, and in which he relied upon the finger in diagnosis.

DR. MORRIS J. ASCH then read a paper entitled

A CASE OF SUDDEN DEATH OCCURRING AFTER TRACHEOTOMY, WITH REMARKS.

R. S., 44 years old, had been suffering for a year with hoarseness and difficulty in breathing, gradually increasing until at the time of presenting himself at the Throat Department of N. Y. Eye and Ear Infirmary, when he experienced attacks of suffocation on the slightest physical exertion; slight cough, although he did not complain of pulmonary disease. Examination showed complete paralysis of abductors of the larynx, with ulceration and infiltration of ventricular bands and ary-epiglottic folds. Tracheotomy was advised and performed, the patient doing well after the operation, the ordinary precautions having been observed, until the second day, when he suddenly expired during the visit of the attending surgeon to the ward. The death was attributed to heart-failure from fright; the post-mortem gave no material cause for the fatal result. The lesson to be learnt from this experience is that no case of tracheotomy performed for obstruction caused by acute or chronic disease, however, easy of performance, should be viewed as anything but a very serious affair, and that it is the wise part to be prepared for a sudden unfavorable result.

DR. ANDREW H. SMITH read a paper on

ADHESIONS OF THE VELUM TO THE WALLS OF THE PHARYNX,

usually the result of syphilis, and especially of late tertiary manifestations; when complete, is apt to cause deafness from otitis media, owing to confinement of secretions in pharynx in contact with the inner end of Eustachian tubes, and the absence of the influence of deglutition in keeping the middle ear inflated. Smell is lost, and taste impaired.

Treatment consists in dilating any opening which may exist, and keeping it open by daily passage of a sound by the patient. Complete adhesion requires a cutting operation, followed by the introduction of a tube, gutta-percha plate, or other device to keep the surfaces from readhering. Dr. Delavan had succeeded in one case in preventing adhesion by cauterizing with monochloractic acid, the eschar from which remains adherent until cicatrization is complete beneath.

DR. DEBLOIS said it was his good fortune last winter to have under his care a patient with adhesion of the velum in the posterior wall of the pharynx, such a condition as had been described by Dr. Smith. The nasal cavities were easily cleansed by filling them with Dobell's solution, and then, by forcing into one nostril a column of compressed air, the solution and the retained solutions were driven out through the other. Every day a small throat-mirror was forced up behind the uvula, and there is no doubt that an opening would have been made had it not been that there was a vertical perforation, the edges of which were so closely adherent that nothing could be forced between them; small bubbles of air only could be forced out behind the velum. Unfortunately, just as an operative procedure was determined upon, the patient was lost sight of. Dr. Delavan's suggestion for preventing these adhesions of the newly cut surfaces certainly appeared to him very valuable, and he hoped to be able to give it a trial.

DR. INGALS said that about two years ago, he had two little patients brought to him, the one seven the other nine years of age; in the younger one there was complete adhesion of the velum to the posterior wall, excepting a small opening about a line in length, in the older one a similar condition existed but the opening was a little larger. The mother stated that this condition had followed an attack of diphtheria. The

children had been under treatment by another physician for deafness; upon examination he found the naso-passages free. He inquired what could be done with such little patients, and whether an operation could be performed under an anæsthetic with perfect safety?

DR. SMITH said, in closing the discussion, that it appeared to him that the operation could be performed in these young subjects, but he doubted whether the advantages of an operation would be commensurate with its difficulties. He believed that it would be better to wait until the children had grown somewhat, and become more manageable. He did not see any especial difficulty in the administration of anæsthetics in these cases.

The PRESIDENT announced that the last scientific paper on the programme had been read, making in all twenty-one to which the Fellows had listened at the present Congress.

THE CHAIR appointed the retiring Vice-Presidents a Committee to conduct the newly elected President to his seat.

DR. LEFFERTS, on leaving the Chair, congratulated Dr. Bosworth upon his accession to the dignity and honors of the Presidential office, and also congratulated the Fellows of the Association upon their choice of a presiding officer for the coming year. In turning over to his successor the office, after a year's service, upon which he could look with feelings of honor and pride, he did so with wishes for the continued prosperity of the Association, which is now in the best condition in which it had ever been, and after one of the best meetings which it had ever held. He concluded with the cordial wish that the prosperity of the Association might continue during the coming year.

The PRESIDENT invited the Vice-Presidents to take their seats and introduced them to the Association. He said that he could only express his very cordial acknowledgment to the gentlemen of the Association for the very high honor they had conferred upon him in calling him to occupy this office during the coming year. He said that we belonged to a profession which offers very few rewards for work such as the world applauds, but he did not know that he could ever hope to receive a higher one than this. He felt that this Association was very largely indebted for its success to his predecessor, Dr. Lefferts, who had served them faithfully for five years as Secretary and Treasurer and in the Presidential office. The best wish that he could express for the Association, was that it might continue in as prosperous a condition as it was at present.

DR. INGALS, on behalf of the visiting Fellows, returned thanks for the warm hospitality the had received and their high appreciation of the retiring President's services. He expressed the sense of regret that the trouble of entertaining the Association should have been again put upon its members in New York City, but the visiting Fellows would help to make them as light as possible, and he promised a larger attendance from the west next year.

The PRESIDENT, DR. BOSWORTH, then announced the Fifth Annual Congress of the American Laryngological Association adjourned.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

Thirtieth Annual Meeting, held in Tarboro, May 15, 16, and 17, 1883.

(Specially reported for THE MEDICAL NEWS.)

FIRST DAY, MAY 15TH.—MORNING SESSION.

THE Society met in Annual Session on Tuesday, May 15, at 10 A. M., and was called to order by DR. L. L. STATON, *Chairman of the Committee of Arrangements.*

DONALD GILLIAM, ESQ., of the Tarboro bar, delivered an

ADDRESS OF WELCOME,

and the PRESIDENT, DR. J. K. HALL, of Greensboro, responded to the address, and accepted in behalf of the Society the hospitalities offered.

After the calling of the roll, the President appointed as a *Committee on Credentials*, DRS. PITTMAN, O'HAGAN, and WHITEHEAD; on *Finance*, DRS. JONES, MCDONALD, and SPEIGHT.

DR. O'HAGAN introduced DRS. CHAS. M. SHIELDS, and LEWIS WHEAT, *Delegates from the Virginia Medical Association*. They were invited to a seat on the floor, and to participate in the meeting.

AFTERNOON SESSION.

THE SECRETARY read, on behalf of DR. R. L. PAYNE, JR., *Chairman*, who was unable to be present, the

REPORT OF THE SECTION ON SURGERY.

DR. L. L. STATON, of Tarboro, reported a case of

ABDOMINAL ABSCESS.

DR. HAIGHT, of Wilmington, reported a similar case, in which the bowels were relieved by the use of belladonna. An incision seven inches long was made over the swelling, and a fecal odor was at once observed. A large amount of pus was evacuated, and the opening closed. A fistula subsequently formed.

The Report of the Treasurer showed a balance on hand of $71.80.

SECOND DAY, MAY 16TH.—MORNING SESSION.

The report of the *Committee on Obituaries* was made by Dr. Holms, Chairman.

DR. DUFFEY, of Newberne, reported a case of

ARTERIO-VENOUS ANEURISM.

Seven years ago the patient received an injury to the side of the head just behind the ear. Two years after this she complained of pain, and an irregular, tortuous, pulsating tumor about the sige of a turkey's egg had developed in the course of the posterior auricular artery. An operation was proposed, but the woman would not consent to it, and she was then lost sight of for some time. When the aneurism was again examined it was found much enlarged. Both the arteries and veins of the region were enlarged and tortuous. Behind the pinna of the ear and under the integument of its posterior surface was a large pulsating cavity. In front of the tragus was another cavity, not quite so large. This corresponded to the position of the temporal artery. Nearly the whole surface of the pinna was distended and pulsating. The external jugular vein was two to two and one-half inches in circumference.

The woman was informed that it was only a question of time when the tumor would burst, and was instructed to catch and hold the rent until surgical aid could be procured.

On July 2, 1882, the place pained her very much, and the next night the tumor burst. Her husband seized the rent and stopped the bleeding. Dr. Duffey saw her next morning and found that she had lost much blood. The common carotid was tied low down for fear of the upper portion being diseased. During the operation a vein was cut near the jugular and much hemorrhage occurred. This was checked by ligation. The aneurism was now freed from clot, pressure removed, and blood was seen to flow freely from the rent in the sac, although the artery was tied. This was

stopped by passing long pins beneath the sac and applying a figure-of-eight suture. Compresses and bandage were put over this and the woman placed in bed.

All went well for a few weeks, when hemorrhage occurred at another point where the wall was very thin. This was stopped as before by means of pins. The wound made in ligating the artery healed well, but after all this, bleeding occurred a third time. Small pieces of compressed sponge were now packed over the surface and around the tumor, and confined by bandage. Over this, and around the head and lower jaw, about five yards of garter elastic were applied, the band being drawn very tightly.

The centre of the tumor was left exposed, and into this thirty minims of persulphate of iron injected. The elastic was removed in about two hours on account of the unbearable pain it produced. The patient did well after this. A little sloughing took place at the point of injection, nothing more. The tumor soon began to shrink, and all that is now left of the old tumor is a small fluid portion which fluctuates, and will require another operation.

DR. SATCHWELL, of Rocky Point, read a paper on

ANTISEPTIC SURGERY.

DR. FURGERSON, of Halifax, presented *Three Morbid Specimens*.

DR. M. L. JAMES, of the Virginia Medical College, was introduced by Dr. Moore, and invited to participate in the deliberations.

A COMMITTEE ON NOMINATIONS

was appointed, consisting of Drs. Pittmann, Summerell, Foote, Farson and McDuffee.

A JOINT MEETING OF THE SOCIETY AND STATE BOARD OF HEALTH

was then held. There being two vacancies in the Board, DRS. J. W. JONES and D. MCDONALD were elected to fill them.

AFTERNOON SESSION.

DR. FOOTE, of Warrenton, reported a case of death from opium taken by mistake for quinine. Dr. Foote then offered a resolution which set forth that all poisonous drugs should be kept in bottles or packages of such shape as to be as easily recognized by the sense of touch as by sight.

DR. WOOD suggested that a committee be appointed to confer with the State Pharmaceutical Association, for the purpose of adopting such resolutions as may be thought best.

DR. FURGERSON, of Halifax, presented the report of the chairman of the

SECTION ON MATERIA MEDICA AND THERAPEUTICS.

DR. HILL, of Goldsboro, read a short paper on the

AMBROSIA TRIFIDA, OR RAG-WEED,

a plant indigenous to this State. He has used the plant as a styptic in epistaxis, pulmonary and uterine hemorrhage, hemorrhage from the bowels, hemorrhagic diathesis, etc., and found it of great value.

DR. SUMMERELL, of Salisbury, confirmed Dr. Hill's experience with the plant.

On motion of DR. MCDONALD, the plant was referred to Dr. Wood for classification and description.

DR. HOLMS, of Clinton, reported a

SUCCESSFUL REMOVAL OF A MULTILOCULAR OVARIAN TUMOR.

DR. MCDUFFEY, of Fayetville, read a paper on *Syphilis*.

At 8 P. M., DR. W. R. WILSON delivered the *Annual Address*.

THIRD DAY, MAY 17TH.—MORNING SESSION.

The reading of the annual essay was dispensed with on account of the illness of Dr. Barringer, its author.

MISCELLANEOUS BUSINESS.

DR. ROUNDTREE offered the resignations of DRS. HYOT and BRYANT, of Kingston.

DR. HINES, of Raleigh, offered a resolution which authorized the Secretary of the Board of Medical Examiners to publish for four weeks, in their respective county papers, the names of those doctors who had just passed an approved examination before the Board. The resolution was adopted.

DR. HINES thought this was only justice to the young men joining the Society, from the fact that there were many men in the State who were practising medicine, but who had attended but one course of medical lectures, and consequently had not joined the Society. This would give the people an opportunity of knowing who were the qualified physicians.

THE NOMINATING COMMITTEE

made the following report:

CHAIRMEN OF SECTIONS:

Surgery, DR. L. L. STATON, of Tarboro.
Practice, DR. W. P. MERCER, of Toisnot.
Microscopy and Pathology, DR. JOHN WHITEHEAD, of Salisbury.
Obstetrics and Gynæcology, DR. S. B. JONES, of Charlotte.
Materia Medica and Therapeutics, DR. J. T. STRICKLAND, of Thomasville.
Diseases of Children, DR. KEMP BATTLE, of Chapel Hill.
Orator, DR. JULIAN BAKER, of Tarboro.
Essayist, DR. J. L. NICHOLSON, of Onslow.

OFFICERS FOR THE ENSUING YEAR:

President.—DR. A. B. PEARCE, of Weldon.
First Vice-President.—DR. F. W. POTTER.
Second Vice-President.—DR. GEO. W. GRAHAM.
Third Vice-President.—DR. R. DILLARD.
Fourth Vice-President.—DR. GEO. W. LONG.
Treasurer.—DR. A. G. CARR, of Durham.
Secretary.—DR. L. J. PICOT, of Littleton.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION:

DRS. JNO. MCDONALD, A. W. KNOX, H. R. HOOD, WM. CHEATHAM, J. W. MCNEAL, THOMAS HILL, S. S. LATCHWELL, T. S. BURBANKS, L. F. LEWIS, D. J. CAIN, and W. H. LILLY.

DR. GEORGE W. LONG, of Graham, read the *Report of Section on Practice of Medicine*.

THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE.

DR. WOOD, of Wilmington, offered a resolution requesting our representatives in Congress to use their efforts in procuring a fire-proof building for the library of the Surgeon-General's Office. The resolution was adopted, and a committee consisting of DRS. WOOD, HAIGH, and DUFFEY, appointed to confer with the representatives on this subject.

DR. CARR, of Durham, read the report on

DISEASES OF CHILDREN.

DR. MACON reported a case of *Opium Poisoning* successfully treated by atropia.

AFTERNOON SESSION.

The paper on *Obstetrics and Gynæcology*, by DR. HADLEY, and that on *Microscopy and Pathology*, by DR. CROWELL, in the absence of the authors, were referred to the Committee on Publication.

A vote of thanks was tendered the citizens of Tarboro, and the members of the Edgecomb County Medical

Society, for the hospitalities which they had shown to the State Medical Society.

The Society then adjourned to meet in Raleigh on the third Tuesday in May, 1884.

At 8 P.M. a handsome banquet was given by the Edgecomb County Medical Society.

NEW YORK SURGICAL SOCIETY.

Stated Meeting, May 8, 1883.

THE PRESIDENT, T. M. MARKOE, M.D., IN THE CHAIR.

FRACTURE OF THE PATELLA.

DR. L. A. STIMSON presented a patient who had suffered from an ordinary transverse fracture of the patella. The result was very close union, but with recognizable mobility of the fragments upon each other. The treatment consisted in immobilization of the limb, with a fenestrated plaster apparatus, in the extended position; the fragments being held in contact with India-rubber tubing, one piece above and the other below the patella. The fracture occurred twelve weeks ago, and when first examined the fragments were separated from three-fourths of an inch to an inch. An interesting feature of the case was the fact that the patient had suffered from fracture of the patella on the opposite limb fifteen years ago, which was treated with an iron horseshoe arrangement, and apparently bony union had taken place.

Dr. Stimson presented a second patient with compound fracture of the patella, in whom the mobility of the joint was about the same as that in the first case, two weeks ago. The details of the history of the case appear in the following paper.

DR. STIMSON then read a paper

ON SOME COMPOUND ARTICULAR FRACTURES.

(See page 612.)

DR. POST said he remembered the time when compound fracture of the knee-joint was regarded as *ipso facto* calling for amputation. He recalled a case in the New York Hospital, and under the care of Dr. Kearney Rogers; a laboring man, who had his patella fractured by frozen earth falling upon the limb; and there was a free transverse wound opening into the knee-joint. The surgeons decided that the limb should be amputated, but the patient decided that the operation should not be performed. The external wound was very free, so that drainage readily took place, and the patient recovered without any considerable amount of inflammation. This occurred about the year 1840, and to the best of his recollection was the earliest case which opened the eyes of the surgeons to the expediency of attempting to save the limb in cases of knee-joint fractures.

DR. KEYES said he had just received a letter from one of his former students (Dr. Alexander), now in London, stating that he had recently followed Mr. Lister in the treatment of two cases of simple fracture of the olecranon by opening the joint, drawing the fragments together with wire, hammering the ends of the sutures down smoothly, and then closing the wound. The operations were performed under full antiseptic precautions, and all of the patients had done well; that is, neither suppuration nor inflammation had occurred. What the ultimate result would be, with reference to mobility, of course had not been ascertained.

Dr. Keyes had treated one case bearing on the subject in Bellevue Hospital; that of a boy, who had suppuration of the knee-joint with necrosis of the patella. The condition was due to a traumatic cause, the exact nature of which he did not recall, but the suppurative process invaded the joint. Dr. Keyes opened the joint freely upon both sides, passed a drainage-tube completely through the limb, and washed it out freely with an antiseptic solution. At about the same time suppuration occurred above the patella, and he opened the abscess and finally removed the entire patella. In the dressing, simple cleanliness was observed and complete drainage secured, and the boy recovered with a movable joint and a new patella.

DR. SANDS recalled a number of cases in which recovery had taken place after compound fracture of joints. He remembered one, a case of compound fracture of the patella, which he had treated in Bellevue Hospital. As in the case mentioned by Dr. Post, it was believed that the joint would suppurate, and it was thought that amputation was advisable, but under simple dressings the wound closed, suppuration did not occur, and the man recovered with a perfectly normal joint. He had seen a number of cases of fracture into the elbow-joint which had recovered, some with and some without antiseptic dressing. He had also excised the astragalus in two cases, one a compound dislocation with fracture, and the other a fracture in which the greater part of the bone was displaced, and pressed upon the soft parts, threatening mortification. In the last case, an opening was made, and the fragment of bone was removed. In the first case, no antiseptic dressing whatever was employed. In the second case, full antiseptic precautions were observed at first, but the physician, under whose charge the case remained, substituted a simple water-dressing, and the patient did well. In both cases, the patients recovered with a limited amount of motion at the ankle, as might be expected after such an injury.

Dr. Sands thought the point which Dr. Stimson made with regard to the concomitant injury of the soft parts in cases of fracture was a very important one. He believed that most surgeons would agree that often the least important lesion in cases of fracture is that of the bone, and that compound fractures often do badly because the soft parts are so severely injured that their vitality cannot be maintained.

Whether American surgeons were not thoroughly well versed in antiseptic methods, he was not prepared to say; but evidently the results obtained in this country were not so favorable as those which had been published in foreign journals.

Sometimes operation-wounds of joints pursue an unfavorable course in spite of every precaution; for example, in a case of old fracture of the patella, treated at one of our hospitals, by joining together the fragments with silver wire, the Listerian method was strictly carried out; nevertheless, suppuration followed, and the patient lost her life. In another instance, in which a simple fracture of the patella was converted into a compound fracture, and the bones were wired together, the patient had a severe attack of inflammation of the joint, and was very ill for a long time, although she finally recovered with a stiff joint. He should be disposed to treat a compound fracture of a joint by very careful washing with an antiseptic solution, by free drainage, and with the least amount of excision possible.

DR. GERSTER was able to recall a few cases of fracture involving joints, one of which perhaps was worthy of mention. A grocer, while unloading a heavy cask, lost his balance, fell, striking upon one elbow, and the barrel rolled over the same arm. Dr. Calle had charge of the case, and found an extensive compound fracture of the elbow-joint, both condyles being involved, and a single split of the bone entering the joint, so that the whole fracture presented an appearance very much like that of the letter Y. The external condyle was completely detached. On the outside of the limb there

was a large lacerated wound opening into the joint. The periosteum having been almost entirely torn from the external condyle, Dr. Gerster removed the bone, together with the eminence corresponding to the articulating surface of the radius. The spurlike sharp projection of the diaphysis of the humerus was sawn off, and a counter-opening was made on the inner aspect of the joint. The wound was washed out well with a five per cent. solution of carbolic acid. Drainage-tubes were inserted, and the wound in the soft parts was united by a sufficient number of sutures to give the joint a certain amount of support. Antiseptic dressings were applied, and the limb was placed upon a splint. When the patient came from under the influence of the ether, he went into a condition of violent mania, and thrashed about with the injured arm very severely. After he had been quieted by a hypodermic injection of morphine, the dressings were removed, and it was found that a large venous hemorrhage had taken place, which was controlled by pressure, and the dressings, with the splint, were reapplied. Despite the extensive injury originally done to the limb, and subsequently by the violence of the patient, the case did very well. No fever followed, and Dr. Gerster attributed the result largely to the fact that it came under observation very early, before any infectious process had commenced in the wound. The final result was that perfectly good motion was established. A small fistula remained open about five months, and then closed, and mobility subsequently became perfect. Passive motion was begun about the third week. There may have been some new bone-formation, but nothing like an external condyle developed. The radius was fixed in its normal position, and all of the motions of the limb were apparently complete.

Dr. Gerster related a second case, one of extensive injury of the ankle-joint. The injury was caused by falling from a wagon, breaking the ankle, and the patient was brought into the hospital five hours afterward, where the wound was dressed without washing, and simply by sealing it up. Within three days, intense phlegmonous inflammation developed, and amputation was necessitated in order to save the patient's life. Early and thorough-going aseptic measures must decide the fate of the injured limb.

DR. POORE referred to a case of compound fracture of the ankle-joint, which he saw when an interne in the Old New York Hospital. The end of the tibia protruded and was cut off. Suppuration of the joint occurred, but the man recovered with good motion.

DR. BRIDDON said that twenty-five years ago it was a disputed point as to whether it was proper or improper to resort to excision of protruding bones in compound fracture of the ankle-joint.

DR. POST said there was a case of malpractice on record, for cutting off the protruding extremity of the bone under these circumstances, and so far as he could recollect, the case was decided in favor of the surgeon.

THE PRESIDENT said that his own convictions were in favor of a certain plan of treatment well known to the Society, namely, that by through drainage, and by the use of it he had secured very satisfactory results. The drainage-tube is retained in the wound until granulation has fairly begun. He had employed it in compound fracture of the elbow-joint, but he did not remember to have used it in any case of similar injury to the knee-joint. In the elbow-joint he passed it through the capsule always behind the joint, and allowed it to remain from four to six days.

DR. STIMSON asked if in the third case which he reported, the President would have treated it by means of thorough drainage.

THE PRESIDENT answered that he would not, that he would have in that instance sealed the wound with collodion.

DR. BRIDDON presented specimens accompanied with the following history.

EXCISION OF TONGUE AND FLOOR OF MOUTH, LIGATION OF BOTH LINGUAL ARTERIES.

David, aged sixty-five, native of Ireland, single, laborer, family history good, is not aware of any predisposition to cancer, no history of syphilis, has been a smoker for thirty years. Three months ago he noticed something on the under surface of the tongue, that impeded its movement, especially preventing protrusion; it gradually increased, was not exceedingly painful but interfered with eating and talking; has had no hemorrhages, but complains of pain in his left ear.

Admitted to Presbyterian Hospital, April 27, 1883. Examination of mouth reveals an irregularly shaped ulcer involving the under surface of the tongue and the floor of the mouth as far forwards as the internal surface of the anterior portion of the lower jaw. It involves principally the left side of the tongue, but passing across the mesial line it encroaches on the right. Its edges are slightly everted, unequal, irregular, excavated, base indurated, motions of the organ impeded, he cannot elevate its tips, ganglions not involved, spontaneous lancinating pain, darting towards ear. Diagnosis, epithelioma; removal advised. Operation May 2, 1883, 2.30 P.M., under the influence of ether. The superficial veins were very large, the facial as it passed over the jaw equalling in size the little finger, and as the incisions had to be carried into close proximity with them, it was necessary to proceed with deliberation; on the right side the superficial structures were divided until the posterior belly of the digastric muscle and the hypoglossal nerve were exposed, the greater cornu of the hyoid bone was steadied with a uterine tenaculum, a curved needle carrying a ligature was then passed under and around it, and traction upon this brought the process nearer to the surface and steadied the hyoglossus muscle, an incision was then made through the muscle parallel with and below the nerve, and the artery was exposed without any further difficulty and was secured with a carbolized silk ligature.

On the left side the artery was tied within the digastric triangle. Considerable difficulty was experienced in separating the capsule of the submaxillary gland. It will be remembered that the disease was most extensive on this side of the mouth, and that might have had something to do with it; at all events the gland was suspiciously indurated, but not so much so as to warrant its removal. It was not an easy matter to keep it out of the field of operation. The artery was found below the nerve, but it was more difficult to isolate than on the right side; it was also secured with a silk ligature.

Attention was then paid to the mouth. A scalpel was then carried round the maxilla close to the bone, but not quite anterior to the limits of the disease. The soft parts were then cleared from the surface of the genio-hyoid muscles by strong, blunt-pointed curved scissors. This dissection was carried beyond the limits of the disease, and then a transverse section completed the extirpation; a few small bleeding points were secured in the floor of the mouth, and all the soft parts covering the posterior surface of the front of the jaw were removed with the sharp spoon. For three or four days there was considerable swelling below the left side of the jaw, but it has subsided; fetor of the mouth has diminished under the hourly use of a wash consisting of borax, glycerine, and tincture of

benzoin, and now six days after the operation he is sitting up in bed doing well.

DR. BRIDDON also presented fragments of bone removed from the elbow-joint.

FUNGOUS ARTHRITIS, RESECTION OF ELBOW-JOINT.

Maurice W., aged 40, native of Ireland, married, longshoreman, says that his family history is good, and that he has always regarded himself as a healthy man. He fell on his left elbow three years ago, but continued to work for two years, complaining only occasionally of soreness in the joint, eighteen months after the injury the joint began to grow stiff, and this condition increased until eight months ago, when pain became more annoying, and it became red and swollen, several incisions were made at that time evacuating matter, the incisions contracted, and the discharge continued in diminishing quantity.

Admitted to Presbyterian Hospital, April 23, 1883. General condition pretty good, left arm flexed to nearly a right angle, the elbow-joint is occupied by a fusiform swelling that reaches three inches above and four below the line of articulation; movements limited, but not accompanied by crepitus; above the superficial swelling there can be detected a deeper seated swelling, evidently periosteal, and reaching to the middle of the humerus; there are several puckered cicatrices about the joint, and the partially healed remains of an incision recently made; through several of these sinuses a probe appears to traverse the joint, and at one point comes in contact with carious bone.

Diagnosis, fungous arthritis; resection advised. Operation was performed May 5th under the influence of ether by the ordinary method of procedure. The joint was found completely disorganized, cartilages destroyed, nearly everywhere the dense lamella of bone that underlies the cartilage was gone, and the cancellous structure exposed, its spaces filled with granulation tissue.

DR. HALSTED suggested that the reason why Dr. Briddon experienced so much difficulty in securing the lingual artery upon one side, was that his assistant, while attempting to draw the hypoglossal nerve out of the way with a hook, at the same time raised the lingual artery with it, and the hyoglossus muscle. He thought this was the case, because, as soon as the assistant relaxed his hold with the hook, the artery was readily exposed. Dr. Halstead also offered the suggestion, that instead of dividing the muscle at right angles with the direction of the fibres, ligation would be facilitated considerably by simply separating the fasciculi to any extent which might be necessary without cutting.

DR. DRIDDON remarked that he was particularly struck with the facility given to the operation by fixing the greater cornu of the hyoid bone with a thread, so that it could be placed under the complete control of the assistant.

DR. POST believed it to be a general surgical principle, that wherever a loop of thread could be used instead of the forceps or hook to secure mere fixation, it was much more desirable than to employ the vulsellum or hook, or other means, as it was more secure.

DR. STIMSON said it seemed to him from the facility with which the tongue could be drawn out from the mouth—a fact mentioned by Dr. Briddon—that the hemorrhage might have been controlled very readily, even if it had been much more severe than it was.

DR. BRIDDON said his impression was that Whitehead's operation would do away with the necessity of ligating the lingual artery at all in these operations.

The PRESIDENT remarked, concerning the second specimen presented by Dr. Briddon, that about three weeks ago he excised the elbow-joint for caries, treated it with thorough drainage, and experienced no trouble whatever. No suppuration occurred outside of the joint, and the patient is far advanced toward recovery. The temperature was never elevated above 101° F. He removed the drainage-tube at the end of six days.

MYXOMA-SARCOMA OF THE UTERUS.

DR. F. LANGE presented a specimen consisting of a uterine tumor, and the ovaries removed by supravaginal amputation twenty-four days ago, from a woman forty-four years of age. Microscopical examination showed that the growth was myxo-sarcomatous, large spindle-cells predominating. The entire mass, solid and fluid, weighed at least twenty-five pounds. The following history was given:

An otherwise healthy woman, had borne five children, the last being delivered fifteen years ago. Since that time she has been regular, but the menstrual flow has been somewhat abundant. About five or six years ago she noticed some increase in the size of her abdomen, but it gave her no trouble whatever, and she did not consult any one until a year and a half ago, when she consulted a woman, who by some manipulation caused a watery discharge to take place from the vagina, and this was followed by a decided decrease in the size of the abdomen. After a short period, however, the tumor again increased in size, and she then applied to her family physician, who told her that the growth of her abdomen was due to an increase in the size of the uterus, and that nothing could be done for her. Dr. Lange saw the patient first early in March, of this year, at which time the distention of the abdomen was very great; the largest circumference was one hundred and twenty-two centimetres, due apparently, in great part, to the presence of a solid tumor starting from the pelvis, and located chiefly in the right side of the abdomen. It extended upward to the ribs, the umbilicus was very much distended, and the fact that in the erect posture the umbilicus was pouting, and was collapsed in the horizontal posture, together with the dulness prevailing in the lumbar region which cleared up when the patient assumed the lateral position, led him to the conclusion that there was a certain amount of fluid in the abdominal cavity. The tumor was movable in the lower part, but seemed to be attached at the upper part, where the patient complained of considerable pain. Before the development of this pain she had scarcely complained of any discomfort, except from the size of the tumor. There was a pronounced uterine murmur over the lower part of the abdomen. Afterward, examination showed the vaginal portion of the uterus very much elevated, so as to be scarcely touched with the finger, but movement given to the tumor from the outside was communicated to the vaginal portion. The probe entered the uterus to the depth of three inches without difficulty. The great distention of the abdomen left it in doubt whether cystic degeneration of the right ovary did not exist apart from the tumor of the uterus. An exploratory incision, however, was decided upon. In the apparently cystic portion of the growth a puncture was made, but fluid could not be removed, and subsequently it was proved that it was of a colloid character which could not pass through the canula. The elastic ligature was applied to the cervix extra-peritoneal, the growth was divided a short distance above the ligature, the stump was cauterized, powdered with iodoform, and then covered with peritoneum detached somewhat above. The external incision was about 15 inches long. There were extensive and broad adhesions with the omentum and transverse colon, but they were quite easily separated. Considerable difficulty was experienced when it was necessary to enter the small pelvis, and reach the cervix, but this was overcome by tying the broad ligament with a double

mass-ligature, and cutting across the mass with a thermo-cautery. There was also great difficulty in passing the chain-écraseur about the cervix, which Dr. Lange did previously to the application of the elastic ligature. The tumor was separated at a good distance from the ligature, preliminary to the final treatment of the stump. The bloodvessels within the chain-écraseur and outside of the elastic ligature were tied for the most part separately; some of them, however, were embraced in mass-ligatures; the loss of blood was comparatively insignificant. The peritoneal cavity was carefully cleansed; large flat sponges, dipped in a warm solution of salicylic acid, probably one to a thousand, covered the intestines during the entire operation, so that the hands did not come in contact with them. The wound was closed by at least seventy superficial and deep sutures. In order to form a thick abdominal wall in the middle line, the abdominal walls were brought together by eight lead-plate sutures, introduced at a considerable distance from the cut edges. The peritoneum was sewed up by a continuous catgut suture. Only a very small covering was applied, consisting of a fine layer of gauze, powdered with iodoform, and fixed in position with adhesive plaster. No spray was used, and the peritoneum was kept as dry as possible throughout the entire operation. From the first moment, the patient was treated as though she were suffering from peritonitis—that is, as soon as she rallied from the influence of ether, and the shock and collapse had passed away, cold was applied locally, and opium with quinine was administered by the rectum. Thus far, the progress of the case had been most satisfactory, and Dr. Lange believed that the patient was out of danger. Up to the sixth day she had a good pulse and temperature, but then, without apparent reason, the temperature rose to 104° F. and 105° F., and continued so for two days, while pulse was 70 to 80, and general condition very good. The temperature then subsided, and had not since become elevated. He thought that the elevation of temperature was possibly due to the iodoform, which had been powdered somewhat freely into the abdominal cavity; at least he knew of no other reason to which it could be ascribed. The urine was examined for iodoform, and showed a trace of iodine reaction.

DR. BRIDDON testified to the value of the flat sponges mentioned by Dr. Lange, which he had just employed in a case of double ovariotomy.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, May 3, 1883.

THE PRESIDENT, R. A. CLEEMANN, M.D., IN THE CHAIR.

DR. WM. GOODELL related the history of

THREE STUBBORN CASES OF VESICO-VAGINAL FISTULÆ SUCCESSFULLY TREATED AFTER THE OPERATION WITHOUT THE USE OF THE CATHETER.

IN the first one, after a non-instrumental labor, lasting from a Tuesday evening, when the membranes broke, to a Friday night, it was found that her urine dribbled away immediately after the birth of the child. The fistula was situated so close to the cervix as to implicate it, and was quite large. Sixteen months after the accident, she was operated on by a distinguished surgeon, whose success in uro-genital fistulæ is very great. He turned the cervix into the bladder, and successfully closed up all the rent save a small portion of it. On this fistula he operated three times without any union whatever. In each instance, the urine dribbled away before the stitches were removed, and on two occasions an alarming hemorrhage came *per vaginam*. This information Dr. Goodell obtained from the surgeon himself.

Early in 1877, Dr. Goodell operated on her at the Hospital of the University of Pennsylvania, and put in Sims' self-retaining catheter. Eight sutures were needed to close the opening. The next day, a hemorrhage from the bladder, possibly menstrual, took place, and lasted several days. A fever also set in, which gave some alarm. When the stitches were removed, very little union was found to have taken place. Four months later, Dr. Goodell operated for the second time; and thinking that the vesical hemorrhage in the preceding operation was caused by the irritation of the self-retaining catheter, he treated her without one. The first twenty-four hours, her urine was drawn off every four hours, but afterwards she was allowed to pass it herself. No hemorrhage occurred, and perfect union took place.

The second case was also one of tedious labor, in which the forceps were not used. The fistula, at first, was a very large one, and was most skilfully closed by an excellent surgeon. A very small fistula, however, remained at each angle of the wound. These defied repeated operations on his part, and the case finally drifted into Dr. Goodell's hands. Twice the latter operated, at his private hospital, on these fistulæ, using the Goodman self-retaining catheter, but each time vesical and uterine tenesmus set in, and the result was a failure. Both fistulæ were then burned with the actual cautery, and one of them closed up; but the larger one resisted this treatment, as well as that by nitric acid. He then operated upon it, a month ago, for the third time, dispensing with the use of the catheter. The lady was instructed to pass her water before the desire was urgent. Neither vesical nor uterine tenesmus occurred. The stitches were left in for fourteen days, and union was complete.

The third case was the result of a short labor, and the cause of the fistula is obscure, as the lady was attended by a midwife, who pulled and tugged away at something after the birth of the child. The late Dr. H. Lenox Hodge had operated five times upon it, closing all but a small fistula which lay at the junction of the neck of the bladder with the urethra. Dr. Goodell closed this fistula at the Hospital of the University three weeks ago with eight stitches, and fearing that the catheter would interfere with union, dispensed wholly with it. The success was complete.

From these cases and from others which he had met with, Dr. Goodell was led to think that the catheter might, as a source of irritation, oftener be dispensed with very advantageously in the treatment of these fistulæ. He cited the practice of the late Dr. Simon, of Heidelberg, who was a very successful operator, and yet rarely resorted to its use. He also called attention to the fact that in these cases, and in the very great majority of the cases he had met with, the forceps had not been resorted to; showing that it was not the use of that instrument, but its neglect, or the delay in its use, that caused the mischief. In fact, he could not recall a case in which the lesion could be attributed to instrumental delivery. In the general experience of surgeons, very small vesico-vaginal fistulæ were harder to cure than moderate-sized ones. One reason for this is attributable to the fact that they usually are found in sites difficult to reach; and another that the operator is unwilling to enlarge the small opening by bold incisions, and fails from too small a denuded surface. Including the one previously referred to, he had closed two of them by means of the actual cautery.

DR. ALBERT H. SMITH remarked that these cases were of great interest. He had been taken by surprise when Dr. Simon announced his plan of treatment without the catheter, as he had been afraid of the

strain on the stitches resulting from the accumulation of urine in the bladder. The presence of the self-retaining catheter must necessarily be a source of irritation and vesical tenesmus. The small holes in its bulb may become occluded by mucus or clot, and then it would act as a plug instead of a drain. In those cases in which the loss of substance in the vesico-vaginal septum has been very great, and the mucous surface of the bladder has been prolapsed into the vagina, the capacity of the bladder becomes small, and it must be emptied frequently, or the tension on the stitches becomes too great.

He had been gradually led to the conclusion that it would be better not to use the catheter after trachelorrhaphy and perineorrhaphy, unless called for by special circumstances. There are cases in which, in consequence of mental influence, or the effect of position, the patient cannot pass her water for weeks after labor in which no injury or long or undue pressure has occurred.

DR. R. P. HARRIS had recently operated for the restoration of a very long perineum; the last stitch was almost on a line with the orifice of the urethra, and the nurse was not able to introduce the catheter. He placed the patient in a sitting position to pass her water, and used a male catheter, tied on the tube of a Davidson syringe, to wash out the vagina.

DR. GOODELL is by no means a convert to treatment in this class of cases without the employment of the catheter. He has been too successful with it. He prefers the Goodman self-retaining instrument; but he always makes certain that it did not impinge on the wound. He has recognized the influence of mind and of position on the ability to pass water, and he thinks the use of ergot, so general before the third stage of labor, is one cause of the difficulty, as it is quite possible that it may cause a spasm of the urethral constricting fibres. He would like to dispense with both catheter and syringe after perineorrhaphy, as he has found injuries to the interior angle of the wound by the syringe and the fingers of the nurse while introducing the catheter. He has been in the habit of putting one stitch through the sound skin above the denuded surfaces to prevent this injury. In one case recently, the Goodman catheter slipped out twenty-four hours after perineorrhaphy, and he did not replace it, the wound healing. He always uses the catheter after trachelorrhaphy.

DR. WM. GOODELL also exhibited

TWO OVARIAN TUMORS, ONE OF THEM OF DOUBTFUL CHARACTER.

The one of doubtful character was removed from an unmarried woman, aged 27, who had not menstruated for over a year. It was first discovered nine years ago, but gave no trouble until two and a half years ago, when ascites set in, She had been tapped fourteen times when Dr. G. first saw her. She was very thin, pale, and so weak that she had to keep her bed. He recognized a hard tumor floating in the ascitic fluid, giving the feeling of ballottement, and diagnosticated it as either a solid ovarian tumor or a pedunculated fibroid.

On the 18th of last April, he removed it at the University Hospital, and found it to be a large, solid nodular tumor of the right ovary, with evidences of papillomatous degeneration. It had merely omental adhesions, and had a long, slender pedicle twisted many times on its axis. It was evident that the ascitic fluid was secreted directly from the tumor, and did not come from pressure on abdominal veins, or from irritation of the peritoneum.

The other cyst was removed also at the Hospital of the University, and on the same day, from a married woman, aged 26, who noticed it two months after her marriage, and about four months ago. The cyst was as large as the adult head, and was apparently attached to the womb, which was drawn upwards, and gave a measurement of four inches. It was operated on early, because it caused great vesical disturbance. The lower portion of the cyst was found enveloped in the broad ligament, close up to the womb, and had to be enucleated. It was this condition that gave the symptoms of uterine attachment. The cyst was that of the left ovary, but as the right ovary also presented tokens of degeneration, it was also removed. Both women recovered promptly, although the first one had, on the third day, a severe attack of mumps, which appears to be prevailing in this city as an epidemic. The ascitic fluid, which was straw-colored and syrupy, was not examined microscopically.

DR. M. O'HARA wished to know how Dr. Goodell could decide quickly between mumps and septic parotitis. He also spoke of the reflex action of the sexual organs as shown by the frequent occurrence of salivation during pregnancy. In a recent case of cancer of the rectum, the first symptom observed was excessive secretion of saliva.

DR. ALBERT H. SMITH remarked that mumps was a very interesting and very perplexing disease. He has seen cases of extension of the disease without retrocession, in adult women to mastitis and ovaritis, the swelling of the parotid gland being rapidly followed by the involvement of the sexual glands, the inflammation of the ovaries being accompanied by local peritonitis. A singular question was raised by the case of a young man, who went to Florida directly after marriage, and on the return trip by sea experienced a severe attack of mumps; it was complicated by orchitis, the inflammation being of high grade with great increase of temperature, and rapid pulse. No atrophy of the testicles has occurred, but the union has been sterile, and there is no known fault on the part of the wife. The semen has not been examined microscopically to ascertain the presence of spematozoids. The mastitis accompanying mumps has never in Dr. Smith's experience run into suppuration, but is accompanied by febrile action of a high grade. He has seen the ovary the original point of attack, the inflammation of the mammary gland being later. It is a marvel of pathology that this disease which affects in childhood the salivary glands only, should in adult life affect the sexual glands also. He has never seen a case of atrophy of the testicles following mumps.

DR. GOODELL recognized mumps in this case by his experience in two previous cases of mumps with severe symptoms, in adults. The pulse does not become so frequent as in septicæmia, and the eye remains clear and does not acquire that glassy appearance so indicative of a fatal issue. Dr. Goodell has never seen the involvement of the breast and ovary. A peculiar relation between the sexual organs and the glands of the neck is shown by a habit of the Roman matron, who measured the throat of her daughter before and after the night of her marriage to ascertain if the young husband had properly performed his marital duties, and if they had been properly received.

DR. ALBERT H. SMITH exhibited a set of hard-rubber

URETHRAL DILATORS.

The set consists of ten pieces with two handles, into which they can be screwed; the smallest bougie is twenty millimetres in circumference at the point, and twenty-eight millimetres at the largest part, the tapering in each bougie being eight millimetres, and a difference of six millimetres between each one and the largest circumference of the next in the scale. The largest one is eighty-two millimetres at the largest part

and would be useful as a rectal dilator. He had been very much surprised at a statement made by Dr. Emmett at the last meeting of the Gynecological Society, in Boston, that dilatation of the urethra almost universally causes laceration, and is followed by permanent incontinence of urine. Dr. Smith has been in the habit of doing it frequently and fearlessly, without hesitation, not only in diseases of the urethra and bladder, but for exploratory purposes and for the removal of stone, but also as a step in the operation of anterior elytrorrhaphy; that by means of a finger in the bladder he may judge of the thickness of the walls in denuding the vaginal surface and place his sutures satisfactorily. He has never had incontinence of urine to last over twenty-four hours from this procedure.

DR. R. P. HARRIS has seen a large number of dilatations of the urethra without any bad effect. He would consider the method of Dr. Smith's better than any other plan, as it would make a perfectly even and uniform pressure on every portion of the urethra, with a very gradual action, free from the dangers incident to the opening of any form of instrument with blades.

DR. GOODELL was much obliged to Dr. Smith for exhibiting these instruments, and would get a set of them. He has entirely dropped Sims' dilators, and has for some time been using his little finger as the best dilator. He has not had any trouble from laceration or incontinence. In one case in which he resorted to dilatation and treatment to the mucous surface of the bladder as a cure for cystitis following labor, incontinence remained for a long time, but gradually disappeared. He knew of laceration and incontinence in two instances resulting from the use of the thumb as a dilator. Dilatation alone is a good treatment for many cases of irritable bladder.

DR. WM. H. PARISH narrated the case of a widow operated on by Dr. Goodell by dilatation for the relief of a very aggravated case of irritable bladder, the result of a gonorrhœa contracted years before from her husband, and which had been followed by cystitis. It was greatly relieved for several months, but not cured, by dilatation, but the relief was only temporary. The patient passed under the care of Dr. H. Lenox Hodge, who cauterized the urethra by means of Paquelin's cautery. In consequence of the illness and death of Dr. Hodge, she came again under the care of Dr. Parish, who commenced treatment by the injection of a solution of nitrate of silver, very strong at first but weaker on subsequent applications. The trouble has passed entirely away. There are two causes of fissure in dilatation, the first is too rapid expansion of the dilator; the second, changes in the mucous membrane, as from inflammatory action, particularly if caused by gonorrhœal poison.

DR. CHAS. H. THOMAS, had lately procured a set of nickel-steel instruments of about the same taper, and for the same purpose as those exhibited by Dr. Smith. The set consisted of sixteen pieces, there was one and a half mm. as the scale, and each dilator tapered five mm. from the point to the largest circumference of the shank, they ranged from twenty-five to fifty mm. He has tried in some cases, using every second instrument, making rises of three mm., but has found that the pain was increased by so doing. He has never known of a case of incontinence caused by dilatation, but has heard of such from the hands of two celebrated surgeons of this city. He thinks dilatation to the size of the finger a good treatment for the relief of irritable bladder in connection with irritation of the urethra and neck of the bladder. He related the history of two cases, in which this condition was complicated and made persistent by sphincterismus of the sphincter-ani muscle; dilatation of the urethræ in these cases, although a benefit, did not cure the trouble, but when to this was added dilatation of the sphincter ani, so that two fingers could be introduced, back to back, and a good dilatation secured, the cases were permanently cured.

DR. B. F. BAER has practised dilatation of the female urethra a number of times, and has had no instance of continued incontinence. He would, however, question the propriety of ever using a large-size dilator, except for the purpose of removing a calculus from the bladder, and even in that case, he thought it might be better to allow the stone, in the grasp of the forceps, to finish the dilatation than to use mechanical dilators to secure the full extent needed. In one instance, incontinence lasted several weeks after dilatation, but final recovery was complete, solutions of carbolic acid having been applied in the meantime for the cure of irritability of the bladder and urethra.

DR. PARISH would like to hear from Dr. Smith respecting the indications for probable success in treatment by dilatation of the urethra for the relief of irritation of the bladder.

DR. SMITH, in reply to Dr. Baer, remarked that no cavity of the body should ever be dilated beyond the actual necessities of the case; such a principle is unquestionable; but no form of dilator could be worse than the irregularities and roughness of a calculus, increased in size as it would be by the grasping forceps, which would present but two points of contact with the urethra, and render laceration quite probable. In a patient recently under his care, he had reason to suspect the existence of papillomatous growths on the mucous surface of the bladder. He dilated the urethra, using the largest size of Sims' dilators, and completing with a Molesworth dilator, expanded very slowly. He was able to evert the bladder through the urethra, and removed the vegetations by means of scissors. There was no laceration nor incontinence resulting from this procedure. The danger is in too great haste. In reply to Dr. Parrish, he said that dilatation is usually resorted to for exploratory purposes; removal of stone; growths of the vesical wall, or to ascertain the thickness of the wall of the bladder, and to introduce a finger into that viscus to guide the sutures in plastic operations upon the vagina. Irritability of the neck of the bladder can generally be relieved by dilatation, but it sometimes fails to cure. Dr. Smith prefers hard rubber to plated metal as the material for the dilators; it is lighter in weight, is not liable to corrosion, and is more easily kept clean. He thinks the multiplicity of instruments in Dr. Thomas' scale a disadvantage, and that time is lost and irritation caused by introducing several instruments in place of allowing one to remain a longer interval.

CONNECTICUT MEDICAL SOCIETY.

Ninety-second Annual Convention, held at Hartford, May 23 and 24, 1883.

(Specially reported for THE MEDICAL NEWS.)

THE annual convention of this Society, one of the oldest medical organizations in the country, convened at Hartford, on May 23, in the Common Council Chamber, at 3 o'clock.

THE PRESIDENT, WM. G. BROWNSON, M.D., of New Canaan, addressed the Society briefly, in accordance with a by-law which makes it his duty to bring to the attention of the Fellows any subjects that he deems worthy of their attention and action. The business which is transacted the first day is in the hands of delegates from each of the eight county societies, called Fellows, and certain officers who act *ex-officio* as Fellows. Thus the Presidents of the county societies are Vice-Presidents of the State society. There is

no separate membership, and in order to join the State society, one must be a member of some county medical association; this makes him a member of the State society. After he has once been elected as a Fellow, he retains all its privileges, except that of voting.

THE PRESIDENT'S ADDRESS.

After welcoming the members, and referring to the advances the Society had made, and the prominence it had attained, he made the following recommendations:

1st. That the number of Fellows should be based upon the number of taxable members, and perhaps the number allowed to act as delegates should depend upon the amount of the tax collected at the date of the meeting. While the membership has greatly increased, the number of delegates remains the same as it was fixed in 1870.

2d. As there is some question whether the Society's charter was not inadvertently repealed at the time of the revision of the charter of the Medical Institution of Yale College, he advised that a committee be appointed to determine this point, and offer such suggestions for a revision of the charter and by-laws as they might deem expedient.

3d. That all ex-presidents should be made Fellows, and constitute a Board of Councillors, who should have all matters of ethics and discipline under charge, should secure proper papers for the annual Convention, and perform such other duties as might be placed upon them.

4th. With reference to the Secretary, he advised that the office be made permanent, and a salary be paid, commencing with fifty dollars a year. The Treasurer also should receive compensation. In this connection he announced with regret that the present Secretary declined to continue longer in office, from the press of other duties which required more and more of his time and energies. He paid a glowing tribute to the fidelity of Dr. Chamberlain, and to the success of his administration of the affairs of the Society.

5th. He deprecated the indiscriminate use of new remedies, and suggested that the Society add to its standing committees, one on new remedies, who should report each year upon the claims of such as had proved to be of value and efficiency.

6th. The State Board of Health was commended and its advice concerning public funerals in death from such diseases as diphtheria, endorsed; and the advisability of a law on the subject mooted. The movement for a higher standard of medical education was referred to, and the action of the Yale Medical Department in this direction was commended.

In closing, he alluded to the discussions concerning the Code, which he considered as an instrument that had nearly outlived its usefulness. The action of the Legislature in refusing to repeal the law concerning compulsory vaccination of school-children, was commended, and the Society congratulated upon the new coroner system. The honored dead of the past year were fittingly alluded to, and the examples of their lives as worthy of imitation.

On motion of DR. WILE, it was voted that a committee be appointed upon each recommendation of the President; these committees to consist of three, and to be appointed by the President.

THE LEGAL STATUS OF THE SOCIETY.

DR. CHAMBERLAIN remarked that the subject of the legal status of the Society, and the revision proposed to be accomplished, was so important, that a larger and more representative committee should be appointed. This committee should be made up of one from each county. He moved a reconsideration of that part of the motion relating to this subject, which was voted. This committee, it was moved, should have power to act without reporting to the Society, and to secure a charter from the Legislature.

PROF. M. C. WHITE objected to any such action, stating that the charter of the Society was repealed through the negligence of the Society's committee; that this committee had been empowered to act without reporting to the Society, and such was the result. The Society and Medical Department of Yale College were incorporated together. The charter of the Medical School, as revised in 1879, was extremely unsatisfactory to himself and to others, especially in the power there granted for a dissolution of the relations between the Medical School and the Society by mutual consent, without any recourse to the Legislature. Had the committee been obliged to report to the Society, different action would have been taken.

DR. CHAMBERLAIN agreed with Prof. White that the committee should report to the Society, but thought the only mistake about the revision was in that section that repeals the charter. By request he read the offending section, which sweeps out of existence the whole of the incorporating act, instead of that part relating to the Medical School alone, then under revision. If the section was in the act when received from New Haven and submitted to the committee, it escaped notice, because an identical copy was in the old charter, and its transfer to the new was supposed to mean nothing more than a repeal of conflicting portions; no such section was read or discussed at the sessions of the joint committees. He stated that the rights of the Society were fully guarded, and in case the relations between the Society and the Medical School were dissolved, he did not think this Society would be left at a disadvantage.

There was considerable discussion on the need of a charter, and the relations of the Society to the School. It was expected that some definite action would be proposed for a separation of the School and Society, which, at present, grant degrees conjointly.

After various measures had been proposed, the acceptable portions were incorporated into the following resolution presented by Prof. Carmalt, which was adopted unanimously.

Resolved, That a committee consisting of one member from each county, to be selected by the Fellows from the respective counties, be appointed to take into consideration the legal status of this Society, with power to employ counsel, and to report at a special meeting of this Society, to be called by the President.

The following were appointed the Committee under the above resolution:

Drs. C. W. Chamberlain, W. H. Carmalt, F. N. Braman Geo. F. Lewis, H. W. Buel, E. A. Hill, G. W. Burke, and A. R. Goodrich.

THE REJECTION OF A VOLUNTARY ESSAY

having been complained off, the subject was referred to the Committee on County Resolves, who reported substantially as follows: That it was the duty of the Publication Committee to decide such questions, but that the merits of the paper should be the criterion, not its accord with the opinions of the Committee.

AN AMENDMENT TO THE BY-LAWS

assigning duties to the censors of County Societies was formally reported and adopted.

The following amendments for next year were proposed, and by rule lie over a year:

1. That no voluntary paper be published that has not been read before some County Society, and endorsed by it.

2. Each County Society shall elect its member of the Nominating Committee, and also an alternate.

3. That every resolution shall be offered in writing, without any erasures or interlineations.

4. That all remarks made in relation to any subject shall be written out either before or after they are made, and that the Secretary be authorized to procure suitable means for carrying this rule into effect.

LEGISLATION ON THE PRESIDENT'S RECOMMENDATIONS.

The following propositions were made in accordance with the recommendations of the President:

That there be a board of councillors established, composed of ex-presidents, who shall be permanent Fellows.

That the Secretary shall be a permanent officer, with a salary of fifty dollars.

That the number of elective Fellows shall be increased to fifty-five.

These propositions will be acted upon next year.

PUBLICATION OF FORMULÆ OF PROPRIETARY MEDICINES.

Upon motion of DR. CHAMBERLAIN, it was voted that the Secretary memoralize the Legislature on behalf of this Society, for the passage of a law requiring that no patent or proprietary remedy shall be sold in this State, unless the formula of its construction be plainly printed on the label. That there shall be a heavy fine for evasion of this law, and if analysis shows any considerable difference from the alleged formula.

The Nominating Committee reported the following, who were duly elected

OFFICERS FOR THE ENSUING YEAR:

President.—ELISHA B. NYE, M.D., of Middletown,

Vice-President.—B. N. COMINGS, M.D., of New Britain.

Secretary.—DR. S. B. ST. JOHN, of Hartford.

Treasurer.—DR. E. P. SWASEY, of New Britain.

Committee on Matters of Professional Interest.—DRS. W. C. WILE, J. H. GRANNIS, and E. C. KINNEY.

NO DELEGATES TO THE NEW YORK STATE MEDICAL SOCIETY.

When the nomination of delegates to the New York State Medical Society was in order, it was moved to lay the nominations on the table. After some debate, which was allowed rather as a matter of explanation, such action was taken, on account of the present relations of the New York State Society to the American Medical Association.

THE ANNUAL TAX.

The usual tax of two dollars, payable on and after June 1st, was assessed, and it was voted to publish seven hundred copies of the proceedings.

THE TREASURER'S REPORT

was then presented, and after comparing it with the accompanying vouchers, it was declared correct.

The Treasurer, Dr. Swasey, reported that the increase of receipts over last year was $50, decrease of expenses $75, balance in the treasury $640.

There were three counties that showed no arrears, and none that owed on any except the tax of last year. There was about $100 still due, half of which was from Fairfield County. The satisfactory condition of the treasury was largely due to the efficiency and energy of Dr. W. H. Holmes, of Waterbury, who had collected all the arrears of taxes in New Haven County, so that, although, the amount left uncollected is larger than last year; the general result is as favorable.

THE COMMITTEE ON HONORARY MEMBERS

reported favorably on the name of Dr. John S. Billings, Surgeon U. S. A., who was unanimously elected. They reported the names of Dr. James E. Reeve, West Virginia, and Prof. T. A. Emmett, of New York, for election next year.

THE LIBRARY AND MUSEUM OF THE SURGEON-GENERAL'S OFFICE.

The following preamble and resolutions were adopted on motion of DR. CHAMBERLAIN:

Whereas, The Army Medical Museum and Library of the Surgeon-General's Office in Washington are recognized by the profession as the most valuable collections of their kind in the world, and the medical profession, not only in this State, but everywhere, is interested in their preservation, and

Whereas, We have observed with regret that they are still liable to destruction and irreparable damage by reason of the insecurity of the building in which they are placed, which is also not suited for any such purpose. Therefore be it

Resolved, That, in the opinion of this Society, the importance of these collections demands from Congress such action as will secure the safety of the books and specimens, render them easy of access, and amply provide for the future wants and uses of the Museum and Library; that an appropriation of sufficient amount to build an adequate fire-proof building, both for the present absolute necessities and for future developments should be made.

Resolved, That this Society would regret to see any separation of these two collections, or any change in the present management, as detrimental to both and an injury to the cause of medical education throughout the entire land.

Resolved, That a sufficient annual appropriation should be made, to allow the purchase of all new medical books and journals, wherever published, and that, in doing this Congress promotes the best interests of the medical profession in this country. That the appropriation should be a liberal one, commensurate with the interests involved, and bear a just relation to the claims of the profession, which are too often ignored.

Resolved, That this Society is especially interested in the *Index Catalogue* of the Library of the Surgeon-General's Office, a work of inestimable value, which should receive substantial aid from Congress, and be pushed to a speedy conclusion.

Resolved, That a copy of these resolutions be sent to every member of Congress from this State, and the members be requested to use their personal influence with those members of Congress whose acquaintance they may have.

It was voted to endorse in general terms the plan of a

MEDICAL REGISTER OF NEW ENGLAND,

as proposed by the Massachusetts Medical Society, but to refer the details to the County Societies.

The Committee on Revision of the

LAW RELATING TO CORONERS

reported that, while nothing had been done collectively, all the members had worked to secure the results attained, of which the Society might well feel proud.

DR. CHAMBERLAIN spoke of the work done by the State Board of Health, and by Drs. Porter and Cleveland, both of whom had labored very efficiently, and, learning the merits and deficiencies in the Massachusetts law by personal study on the field of its operation, had enabled them to improve upon that law in several practical points.

The Committee on

THE CODE OF ETHICS

reported that if any changes were to be made, they should originate in the American Medical Association, and not from a State society.

The report was accepted, and the Committee discharged.

The convention then adjourned, for a reception at the United States Hotel, given by the Hartford City Medical Society, which was largely attended.

MAY 24TH.—SECOND DAY'S SESSION.

THE SECRETARY'S REPORT

stated that the history of the year had been one of uninterrupted prosperity; the condition of the Society had never been more satisfactory. The losses by death had been unusually heavy, both in numbers and men. The new members number thirty-one. The Society now numbers four hundred and sixty. In closing, he congratulated the Society upon its prosperity, the zeal of its members, and the harmony that so generally prevailed.

RECOGNITION OF THE SECRETARY'S SERVICES.

PROF. WHITE moved that the thanks of the Society be tendered to Dr. Chamberlain for his long, faithful, and arduous services for eight years as Secretary.

DR. WILE moved, as a substitute, that a committee be appointed to draft suitable resolutions and have them engrossed and presented to the retiring Secretary, as a slight expression of our recognition of the value of his services. This was passed unanimously, and the President appointed Drs. W. C. Wile, M. C. Hazen, and Geo. L. Porter.

THE ANNUAL ORATION

was then read by the PRESIDENT, subject—*The Country Doctor*, in which he presented a graphic pen-picture, in poetical form, of the checkered life of the country doctor.

Upon motion of DR. PORTER, the thanks of the Convention were voted the President for his interesting address, and a copy requested for publication.

The President then presented to the Convention the following

DELEGATES FROM OTHER STATES,

who addressed the Society briefly, and expressed the greetings and kind wishes of their respective societies:

Dr. G. J. Townsend, from *Massachusetts*; Drs. A. G. Browning and Charles O'Leary, from *Rhode Island*.

Dr. St. John read a telegram from Dr. D. C. English, of New Brunswick, expressing the salutations of the Medical Society of New Jersey, and regretting that his State was not represented.

Dr. T. D. Crothers presented credentials from the American Association for the cure of Inebriates, and offered a paper on *Inebriate Automatism*, which was referred to the Publication Committee.

Dr. M. H. Henry, of New York, and Dr. G. Sawyer, of Bedford, New York, were invited to be

GUESTS OF THE CONVENTION.

DR. HENRY offered a paper on

THE TREATMENT OF VARICOCELE,

describing its pathological anatomy, the dangers of the old methods of operation, and described the operation which goes by his name, exhibiting his clamp and describing its use. He stated that he had statistics of one hundred and fifty successful cases; not selected, but consecutive cases; no failures. The result also was more satisfactory and permanent than that from any other method.

DR. CHAMBERLAIN briefly described two cases of Henry's operation, performed by Dr. Geo. C. Jarvis, in which he had assisted.

PROF. M. C. WHITE then exhibited

A MICRO-SPECTROSCOPE

of his own invention, and, after a condensed analysis of micro-spectroscopy, described the merits peculiar to his instrument. It consists in the introduction of an eye-piece micrometer in the micro-spectroscope, placing above the spectroscope a non-magnifying telescope, the eye-piece and field-piece of the same power.

DR. W. C. WILE reported an unsuccessful case of

EXTIRPATION OF THE UTERUS,

performed as a forlorn hope at the solicitation of the patient, who lived five days after; the specimen was shown. The *status* of the operation was not settled, he stated, but in selected cases he considered it a justifiable operation, and, also, where it promised relief from extreme agony, as in the case upon which he operated.

ILIAC ABSCESS MISTAKEN FOR SPINAL MYELITIS.

He also reported a case of a man, aged 45, one leg contracted from an arrested hip-joint disease when a boy, who had been treated by specialists for three months for spinal myelitis, the typical symptoms of which he then presented. Dr. Wile discovered an abscess in the iliac region, which the patient would not let him open. When it opened it discharged profuse quantities of rather sanious pus. As he suffered excruciating pains afterward, it was determined to enlarge the opening and remove the dead bone suspected to be present. When the joint was cut down upon, it was found that the head of the bone was absorbed. Several inches were exsected. Upon tracing the abscess it was found to burrow up to the lower angle of the scapula. The patient made a good recovery.

DR. W. C. BURKE, JR., reported a successful case of

EXTIRPATION OF THE UTERUS,

performed some months ago. He exhibited an instrument, cleverly made out of copper wire, by the aid of which he placed and tied his stitches without making undue traction upon the broad ligament; dragging down the parts to get at them, he regarded as one of the principal sources of danger.

DR. GEO. L. PORTER related a case of

EXTRA-UTERINE PREGNANCY.

The body of the fœtus was in the Fallopian tube, the short circumference of the tumor in the tube was twelve inches, the long twenty-two inches. The head extended out of the Fallopian tube, the fimbriated extremity of which encircled the neck. The woman died of asthenia.

PROF. WHITE related the following

UNIQUE CASE OF STONE:

At a post-mortem recently, he found twenty-two calculi in the bladder, of varying sizes, they lay mostly in a cul-de-sac behind a very much enlarged prostate. Outside the bladder in the cellular tissue were fifteen concretions, some of them the size of a pea. One examined carefully was found to be made up of phosphate and carbonate of lime.

DR. GEORGE W. PARMELE, of Hartford, read a paper on

DENTISTRY AND THE TREATMENT OF TEETH,

contrasting the modern scientific mode of preservation with the old remedy in *all* cases—the forceps. He explained the relations between the teeth and digestive and nervous troubles, diarrhœa and dyspepsia, and

showed the relation between imperfect and diseased teeth to many conditions and cases of illness, to which the teeth were not suspected of bearing the least causative connection; and that many other troubles besides neuralgia, the only one generally recognized, are due to poor teeth.

THE EARLY RECORDS OF THE SOCIETY.

DR. G. W. RUSSELL spoke of the early history of the Society, and moved that the Secretary condense the records and transactions of the past twenty-five years, and have them printed. He himself would be responsible for one hundred dollars of the expense. The motion was adopted.

A resolution was also passed instructing the Secretary to write to the county societies and ascertain whether they would bear a share of the expense of printing a revised account of the records and papers of the Society from 1793 to 1830.

DR. W. H. HOLMES read an essay on

ASPIRATION OF THE CHEST IN PLEURISY,

with illustrative cases. The advantages of the operation, and the results of delay or neglect, were considered.

DR. F. N. BRAMAN then read a paper on

COMPLICATIONS OF LABOR.

He discussed version in hour-glass contractions. He advocated the use of a fillet around the body to assist in rotation, and enable the operator to have entire control of the child.

PROF. BECKWITH stated that where he lost cases of complicated labor from peritonitis, he now always considered that some of the tissues of the mother had been injured. The fillet around the body, as described by Dr. Braman, was certainly original; so far as his reading extended at least, he did not recall having ever before seen a description of any such use. But the fillet around the shoulders, as described by Barnes in his *Obstetric Operations*, was a quite well-known and often practised procedure. He considered that all that could be accomplished by the fillet around the body could be equally as well secured by the fillet around the shoulders, as the child's tissues would not sustain a pressure above a certain amount; any greater force was no gain.

DR. BRAMAN stated that the object was not to obtain more force, but to obtain control of the body of the child completely, which could be done by no other method.

DR. A. BEARDSLEY then gave a report of his

FIFTY YEARS' EXPERIENCE IN TREATING INTERMITTENT FEVER.

Eschewing any discussion of theories of causation, or reasons for its reappearance, he at once presented his method of treatment without quinine. Briefly, it is as follows: First, brisk alterative purgatives, aloes, blue-mass, and capsicum in equal parts, made into pill-form, or calomel in place of the blue-mass. An alterative purgative was to be taken at the outset, and repeated as the nature of the case demands. This was to be followed by an aromatic bitter, and perhaps an alkali with it, or in combination with boneset tea, drunk very freely, was an element in the cure not to be overlooked. He stated that this method had been very satisfactory in his and others hands, and was often successful where quinine had utterly failed, and that, too, where it had been pushed; indeed, as far as twenty-grain doses three times a day, or even oftener.

The remaining papers and the report of the Committee on Examination at Yale Medical Department were ordered read by title, and referred for publication.

The Society then adjourned for

THE ANNUAL DINNER

at the United States Hotel, after one of the most successful meetings held for many years, both in numbers, enthusiasm, and value of literary exercises.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, April 27th.

(Specially reported for THE MEDICAL NEWS.)

THE PRESIDENT, R. A. KENNEDY, M.D., IN THE CHAIR.

CASE FOR LOCALIZATION.

DR. OSLER presented a patient with the following history: Francis ——, aged 41, married fifteen years. Not known to have had syphilis, though he lost one child shortly after birth with a skin eruption. Has enjoyed good health, with exception of present trouble. For six years he has had epileptic fits; at first at rare intervals—one in three months—but now one every fortnight. Liable to have them at any time if much excited. They are, his wife says, confined to the right side, towards which, also, he tends to fall. Not known whether they begin in hand or foot, as he has not had a fit since under observation; always loses consciousness. Nearly two years ago he began to have trouble in the right leg, jerkings and stiffness, which have steadily increased. The right arm was also weak, and for the past five months the speech has been affected. His memory is not so good as it was, and at times he is irascible. He has had two injuries to the head; the first when a lad of seven or eight, which has left a long scar on the right side, high on the parietal bone. There is no adhesion of the skin and no depression. The other was received by the fall of a scantling, seventeen years ago, and is a flat scar a little behind bregma on left parietal bone. It is not depressed, and the skin not adherent. At present, nutrition of muscles good; he walks with difficulty, owing to stiffness of right leg, in which the spastic gait is well marked. Reflexes greatly increased in the leg. Knee-cap somewhat exaggerated also in the left. Right arm does not appear much affected, but he says it feels weak. Grip is good; dynamometer shows it to be a little weaker than the left. Slight paralysis of lower facial muscles; tongue deviates strongly to the right, uvula drawn towards the left. Speaks with hesitancy, and is often at a loss for a word. No impairment of sensation. No optic neuritis or retinitis. The patient's head was shaved and Broca's lines drawn, in order to define the exact position of the old injury on the left side. It is just behind the bregma, and would correspond on the cortex of the brain to the hinder part of the superior frontal convolution.

The symptoms point to a lesion of the motor area on the left hemisphere, situated about the upper end of the fissure of Rolando, along the ascending frontal and extending to the inferior frontal sinus. The character of the convulsive seizures, unilateral, the monocrural rigidity, the dissociation of the paresis, leg, and face, and gradual extension, point to a cortical lesion; but whether connected in any way with the old injury is somewhat doubtful. The question of trephining in such a case naturally suggests itself, and may come after further study of the case.

DR. RODDICK stated that he had known the patient for some time, and he had suggested the advisability of trephining at the site of the old injury but had been overruled by his colleagues.

CHYLURIA, NOT PARASITIC; AUTOPSY.

DR. MCCONNELL read the report of the case. A woman, aged 33, native of the Province; married ten years, two children. Eleven years ago she noticed that the urine was milky. Had been healthy up to that time, but ever since had not been so strong. The white appearance of the urine has persisted with occasional periods of intermission, two of which were while she was pregnant. Came under observation on October 27th. Was pale, anæmic, moderately emaciated. Appetite good, is constantly hungry, and eats five or six meals a day; sleeps well; bowels very constipated. Has to make water very frequently, nearly every half hour, and it is of the color of milk. Sometimes very painful to pass from the presence of thick, clotted portions. A sample passed was quite fluid when fresh, but in a few minutes a large part of it curdled. Examination of abdominal organs negative. In chest, râles at apices of lungs. On three occasions the blood was carefully examined by Dr. Osler and myself, a number of slides at a time, and the blood taken after midnight, but no filarian embryos were ever discovered. The quantity of urine passed was estimated for several days, and ranged from six to eight quarts; often the clots were blood-stained. Microscopically, it presented fatty molecules, like the molecular base of the chyle, a few blood-cells and leucocytes. Repeated examinations failed to detect any parasites. The condition of the patient grew gradually worse through the winter; the cough became more distressing, and the digestion much impaired. Death took place on the 5th of March. For three days before dissolution, the urine was bloody and not so abundant. The *post-mortem* was held on the 18th inst., the body, which had been in vault of the cemetery, was in a good state of preservation. A careful dissection was first made of the thoracic duct and receptaculum, but, as the specimen shows, it appeared perfectly normal, perhaps a little small, but pervious throughout, and contained a bloody lymph. No dilated lymph vessels about the kidneys, or any special connection between venal and abdominal lymphatics. The mesenteric and retro-peritoneal glands were a little enlarged and firm, and, on section, presented opaque areas of fatty degeneration. No caseous or calcareous glands. Lacteals not distended. Kidneys were of average size, capsules detached easily, substance a little blood-stained, but looking very natural. Ureters normal. Bladder contained six or eight ounces of bloody fluid, which had clotted. Mucosa normal. Inguinal and pelvic lymph glands not enlarged. Tubercular cavities at apices of lungs, and a few ulcers in the ilium. The lymph glands, retro-peritoneal tissues, mesentery, and kidneys were subjected to prolonged microscopical examination without producing a trace of anything parasitic, or, indeed, of anything which threw any light on the nature of the affection.

DR. RODDICK asked if it were not possible that in the course of the disease the filaria might disappear?

DR. OSLER thought it not probable, without leaving some trace of the presence of the adult worms which live in and about the lymph glands in pelvic and peritoneal tissues. The value of this case was considerable, as it showed that we should not regard, as some recent writers do, chyluria and the filarian disease as identical.

INFLAMED UMBILICAL HERNIA.

DR. F. W. CAMPBELL read the notes of the case: Stout woman, aged 64, had had an irreducible umbilical hernia for fifteen years. Had been seen four years ago, with a painful attack in the hernia which subsided in a few days. On the morning of April 9th, was sent for, and found her suffering great pain in the sac. The pad had got off, and without waiting to replace it, she had jumped out of bed, and was at once seized with severe pain. The hernia has been getting a little larger of late, and the pad was too small. It was at once reduced to the usual size without difficulty, but the pain continued. Liq. opii sed. was given. An enema brought away many scybala. In the afternoon, she was not so well, and vomiting set in. On the 10th she was easier, and on the 11th pain was well kept down, but the vomiting was excessive. An injection brought away a large fecal stool. 12th, had a restless night; pain has returned, but not so severe.

Was seen by Drs. Howard and Fenwick, but it was decided that the symptoms scarcely justified an operation. Through the 13th and 14th, she kept about the same; the vomiting not so frequent; and on the evening of the 14th she seemed very much better. Early in the morning of the 15th, she got much worse, became cold, sank rapidly, and died in a few hours. The autopsy showed a thin-walled umbilical sac, not inflamed. In it were two coils of intestine; one, about thirteen inches in length, was dark-colored, deeply congested, and inflamed; the other, nine or ten inches in length, was natural looking, though a little swollen. Two fingers could be passed into the ring; there was no strangulation. There was no adhesion of the bowel to the sac. The inflamed portion of the bowel presented two flat bands of slightly thickened peritoneal tissue, where it has been probably for years in contact with the ring. The inflammation had extended along the adjacent coils in the abdomen for a few inches. When slit open, mucosa intensely inflamed, of a deep, livid-red color, and covered with closely adherent flakes of croupous exudation. Heart fatty. No other changes of note.

A difference of opinion had existed regarding the existence of strangulation in this case, and the propriety of operating. From the post-mortem appearance, it did not seem probable that nipping of the bowel had occurred, as the ring was large, and a healthy coil was in the sac. It may have been simply the result of a primary inflammation of the hernial coil, which had evidently been in the sac for years, as it was dark with pigment. One of the most inexplicable features of the case was the the sudden heart failure; but she had been taking very little nourishment, and the vomiting had reduced her strength very much.

CANCER OF THE STOMACH.

DR. WOOD presented the specimen and narrated the case. A woman, aged 55, had suffered for a year or more with dyspeptic symptoms, and two months ago had vomited a small amount of blood; had lost flesh, but was not cachectic. No tumor of abdomen could be made out, but cancer of the stomach was suspected. The details of the last week of her illness are as follows: On April 14th, 15th, and 16th, she had a good deal of nausea and vomiting; on the 17th, she went to bed and I saw her for the first time in several weeks. There was vomiting and considerable epigastric pain; pulse about 90. On the 18th, she was easier. 19th, much worse; she had fainted in the night; pulse weak, 115; face pale, feet cold, vomiting frequent. In the evening the temperature was 101°, pulse 120; the pain in abdomen was more diffuse, and there was considerable distention. On the 20th, condition did not improve, though, under opium, the distress was not so great. On the 21st, prostration more marked, and the next day the vomiting was distinctly fecal and frequent. Death on the 23d.

At the autopsy, the small intestine from an inch or two below the duodenum to within two inches of the valve, was dark in color, distended, and covered in places with a thin sheeting of lymph. Several spots in

the ileum looked almost gangrenous, and here and there extravasations had taken place. The coats were infiltrated, the mucosa soft, and there were three spots (ulcers) from which the membrane had disappeared.

The stomach, as shown by the specimen, presented a large open cancer, involving the cardiac end, and completely encircling the organ. Several loose sloughs adhered to the surface, but over a great part of its extent the muscle fibres were bare. There was thickening of the peritoneal surface and a few secondary nodules. In looking for the cause of the condition of the bowel, the vessels were carefully examined, and the superior mesenteric artery found to be plugged.

(To be continued.)

NEWS ITEMS.

BALTIMORE.

(*From our Special Correspondent.*)

THE JOHNS HOPKINS MEDICAL SCHOOL.—It is understood that President Gilman will shortly visit Europe in the interest of the Medical School of the University, which the trustees desire to establish as soon as practicable.

THE UNIVERSITY OF MARYLAND.—Prof. W. E. A. Aikin has resigned the Chair of Chemistry in the University of Maryland. Prof. Aikin has filled this position since 1837, a period of forty-six years. He will remain in the faculty as Emeritus Professor of Chemistry. His successor has not yet been appointed.

THE NEW YORK COUNTY MEDICAL SOCIETY AND THE NEW CODE.—The regular stated meeting of the New York County Medical Society was held last Monday evening. Dr. Piffard gave notice that at the next annual meeting of the Society, which occurs in October, he would move the adoption of the following amendment to the by-laws of the Society:

No member of this Society shall assume any sectarian designation indicating that his practice is based on any special doctrine, dogma, or specified method of treatment.

DR. PIFFARD also moved the adoption of the following amendments to the by-laws, which he said he offered in order to keep the Society in harmony, as it was obliged by law to be, with the State Society:

1. The members of this Society shall be governed by the Code of Ethics adopted by the Medical Society of the State of New York February 6, 1882.

2. No person shall be eligible for membership in this Society who is a member of a county society not entitled to representation in the Medical Society of the State of New York.

The amendments were adopted.

MASSACHUSETTS MEDICAL SOCIETY.—The one hundred and second annual meeting of this Society will be held at the Institute of Technology in Boston on June 12th and 13th, under the presidency of Dr. Alfred Hosmer, of Watertown.

The following papers are on the programme:

A Contribution to the Study of the Tubercle Bacillus, by H. C. Ernst, M.D., of Jamaica Plain.

The Use and Abuse of Ergot, by G. L. Woods, M.D., of Springfield; and another paper on the same subject by W. A. Dunn, M.D., of Boston.

Glykogen, by J. W. Warner, M.D., of Boston.

Phlyctenular Disease of the Eyes, by O. F. Wadsworth, M.D., of Boston.

Minor Injuries of the Spinal Cord, by B. H. Hartwell, M.D., of Ayer.

Plumbing Appliances, by T. M. Clark, A.B.

Recent Changes in the Method of Medical Instruction, by E. N. Whittier, M.D., of Boston.

Neurasthenia: its Causes and its Home Treatment, by J. S, Greene, M.D., of Dorchester.

The Artificial Feeding of Infants, by J. W. Spooner, M.D., of Hingham.

The Early Symptoms of General Paralysis of the Insane, by W. B. Goldsmith, M.D., of Danvers.

The Annual Discourse will be delivered on the 13th inst. by Amos H. Johnson, M.D., of Salem.

During the week of the meeting, there will be a sanitary exhibit at the Institute of Technology, illustrating the proper and faulty methods of plumbing, drainage, ventilation, etc.

HEALTH IN MICHIGAN.—Reports to the State Board of Health for the week ending May 19, 1883, indicate that measles has increased, and that erysipelas has decreased in area of prevalence.

Including reports by regular observers and by others, diphtheria was reported present during the week ending May 19, and since, at 17 places; scarlet fever, at 18 places; and measles, at 36 places. One case of smallpox was reported at Detroit, May 19.

OBITUARY RECORD.—The death of DR. MICHEL, Professor of Clinical Surgery, and one of the most distinguished members of the *Faculté* of Nancy, is announced.

—— A cable dispatch from Berne, on May 28, announces the death of the eminent German physiologist, PROFESSOR GABRIEL GUSTAV VALENTIN.

Professor Valentin was born at Breslau, Prussian Silesia, on July 8, 1810, of Jewish parentage. He studied medicine at the Breslau University, taking his degree in 1832. He practised medicine a few years, but in 1836 he became Professor of Physiology at the University of Berne. He published many medical works, and a number of monographs and minor essays.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 21 TO MAY 28, 1883.

CAMPBELL, JOHN, *Lieutenant-Colonel and Surgeon, Medical Director Department of the South.*—Granted leave of absence for one month, on surgeon's certificate of disability.—*Par. 3, S. O. 50, Department of the South, May* 21, 1883.

SPENCER, WM. G., *Captain and Assistant Surgeon.*—Assigned to duty at Fort Hamilton, N. Y. H.—*Par. 2, S. O. 83, Department of the East, May* 14, 1883.

GORGAS, W. C., *First Lieutenant and Assistant Surgeon.*—Granted leave of absence for one month—*Par. 5, S. O. 51, Department of Texas, May* 17, 1883.

HOPKINS, WM. E., *First Lieutenant and Assistant Surgeon.*—Assigned to temporary duty at Whipple Barracks, A. T.—*Par. 2, S. O. 44, Department of Arizona, May* 14, 1883.

MCCREERY, GEORGE, *First Lieutenant and Assistant Surgeon.* To report for duty to the commanding officer of troops in the field near San Bernardino Springs, A. T.—*Par. 1, S. O. 44, Department of Arizona, May* 14, 1883.

CORRIGENDUM.

ON page 607 of last issue for DR. HOLLAND, *read* DR. EDGAR HOLDEN, of Newark, N. J.

THE MEDICAL NEWS *will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.*

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS *should be addressed to No. 1004 Walnut Street, Philadelphia.*